

Name
in
Full

Salana Anthony

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Keedyville* Town *Washington* County *Md*
MARYLAND

Date of death 190*3* Month *12* Day *10* Age *59* Years Months *10* Days *13*

Sex *Female* Color or Race *White* Birth-place *Pa*

Married, ~~Single~~ or Widowed ☒ Occupation *House Wife*

Name of Wife or Husband *Rov L P Anthony*

Father's Name *Alexander Diehl* Father's Birthplace *Pa*

Mother's Maiden Name *Sarah Julius* Mother's Birthplace *Pa*

Name of person giving information *Rov L P Anthony* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Angina* How long *5 years*

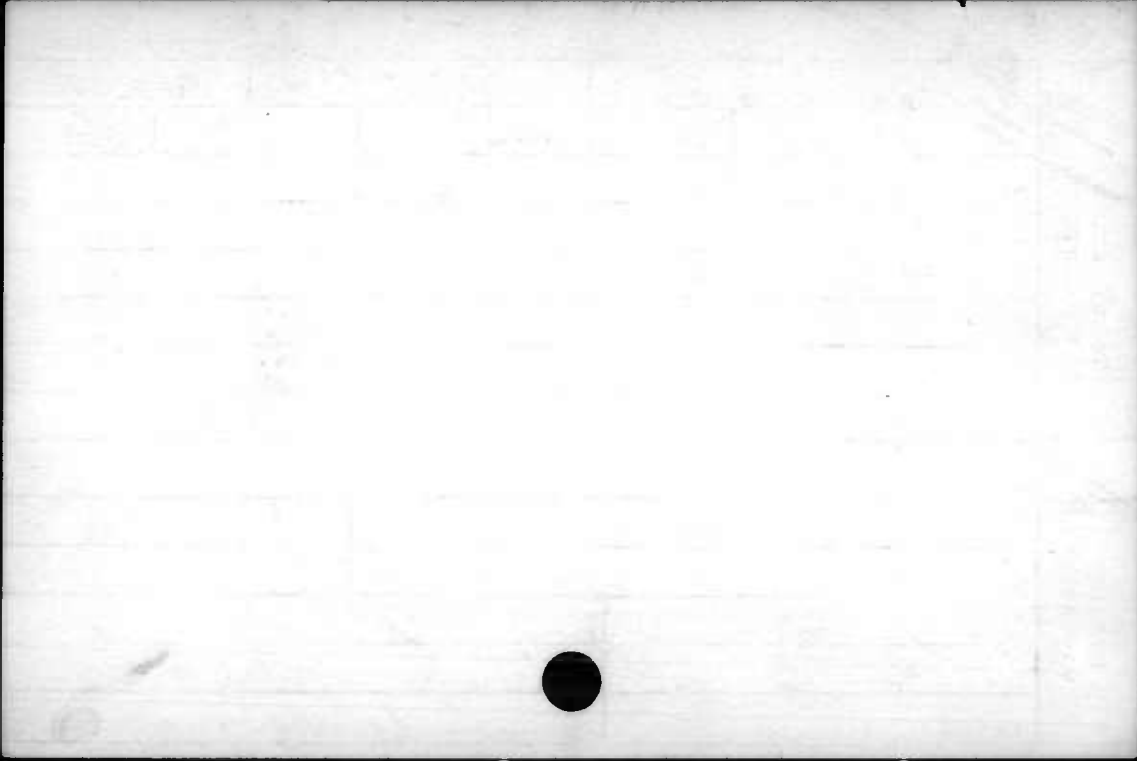
Immediate *Apoplexy* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. N. N. N. M.D.*

Address *Keedyville Md*

~~Witness or Subj. de.~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susannah Bowerd

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1908* Month *12* Day *25* Age *72* Years Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Bowerd*

Father's Name *Barthelme* Father's Birthplace *Md*

Mother's Maiden Name *79* Mother's Birthplace

Name of person giving Information *Lewis Bowerd* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart Trouble* How long *7 Years*

Immediate

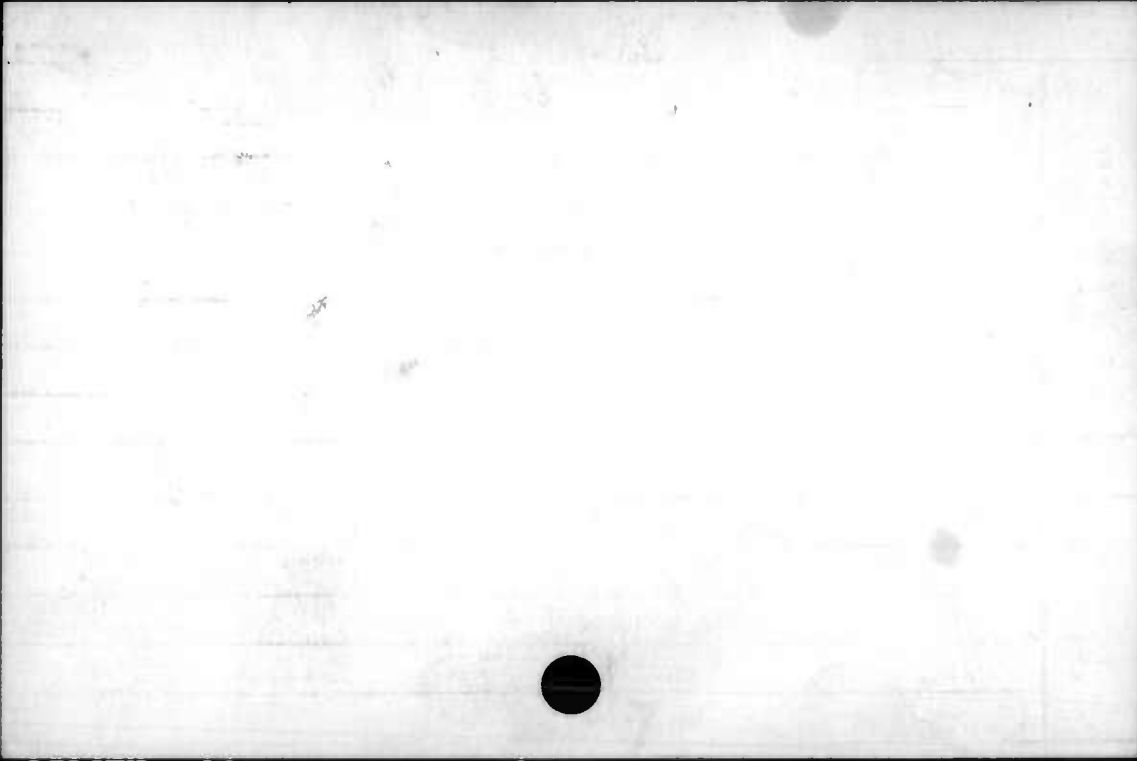
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm E M Canley
Hagerstown
Md

Accident or Suicide?



Name
in
Full167
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i>		<i>Nov</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>2</i>	Years <i>2</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Town</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George M. Bowers</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Zella C. Kreizer</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Geo Bowers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

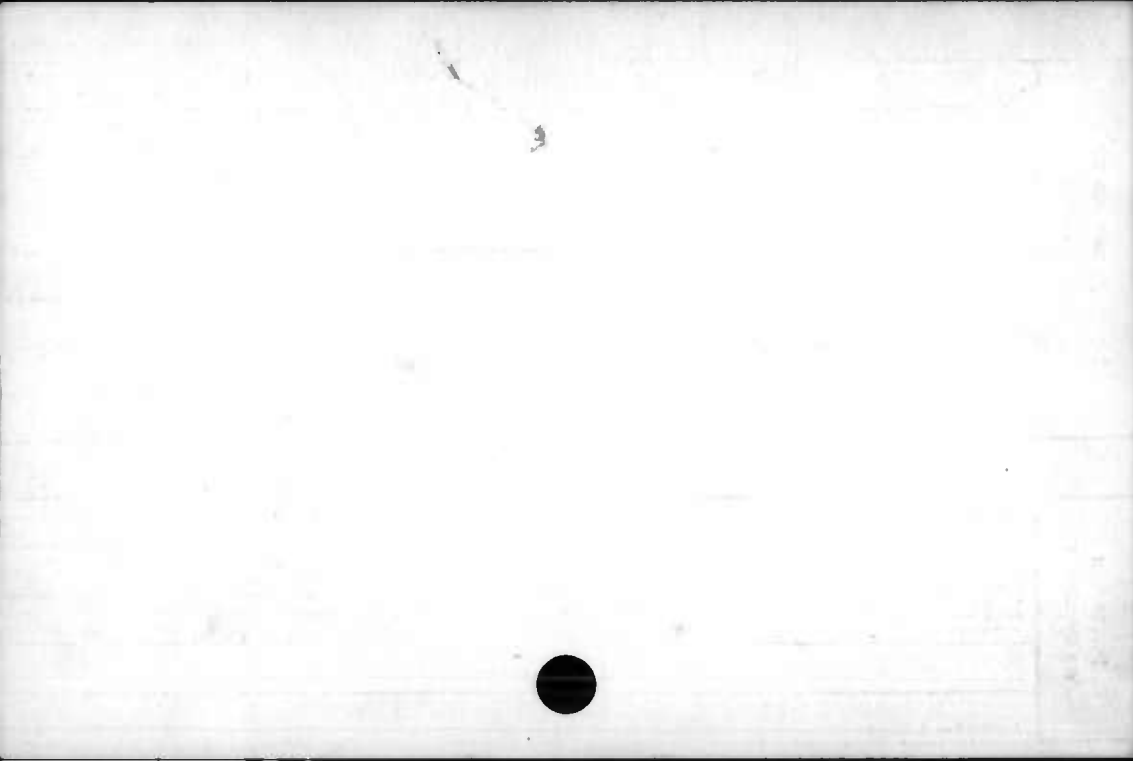
Primary <i>Measles followed by Pneumonia</i>	How long
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. H. Richardson</i>
	Address <i>—</i>
Accident or Suicide?	

interment at Mrs. Taber
Church

J F Kupe

undertaker

Name in Full		CERTIFICATE OF DEATH			
Elizabeth M Brooks		Town		County	
Died at		Hagerstown		Washington	
Date		Month		Days	
of death		1903		20	
Age		20		Months	
Sex		Female		Color or Race	
Occupation		House work		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		David Roscoe		Father's Birthplace	
Mother's Maiden Name		Elizabeth Lane		Mother's Birthplace	
Name of person giving Information		Leonard Brooks		How related to deceased	
				Husband	
CAUSES OF DEATH					
Primary		Pulmonary Tuberculosis		How long	
Immediate		Cardiac Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yrs.		7 mos	
Signature of Physician		J. M. Magowan		One week	
Address		Hagerstown, Md.			
Accident or Suicide?		No			



Name
in
Full

Helen Theresa Conly

17/

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death	1903	Month Dec	Day 18	Age 2	Years 0	Months 3	Days 1
Sex	Female		Color or Race	White		Birth-place	Williamsport
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Edward Guy Conly -					Father's Birthplace	Williamsport
Mother's Maiden Name	Annie Maud Hays					Mother's Birthplace	"
Name of person giving information	E. G. Conly					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	measles		How long	9 days
Immediate	membranous croup		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Samuel A. Srinely
			Address	Williamsport Md
Accident or Suicide?				

Helen Theresa Condy

Friday - 7 - -18-

Ea Guy - Annie M. - C.

Ea. -

Father Ralbi

Revering

Name
in
Full

Mrs. Annie H. Cookerly.

CERTIFICATE OF DEATH

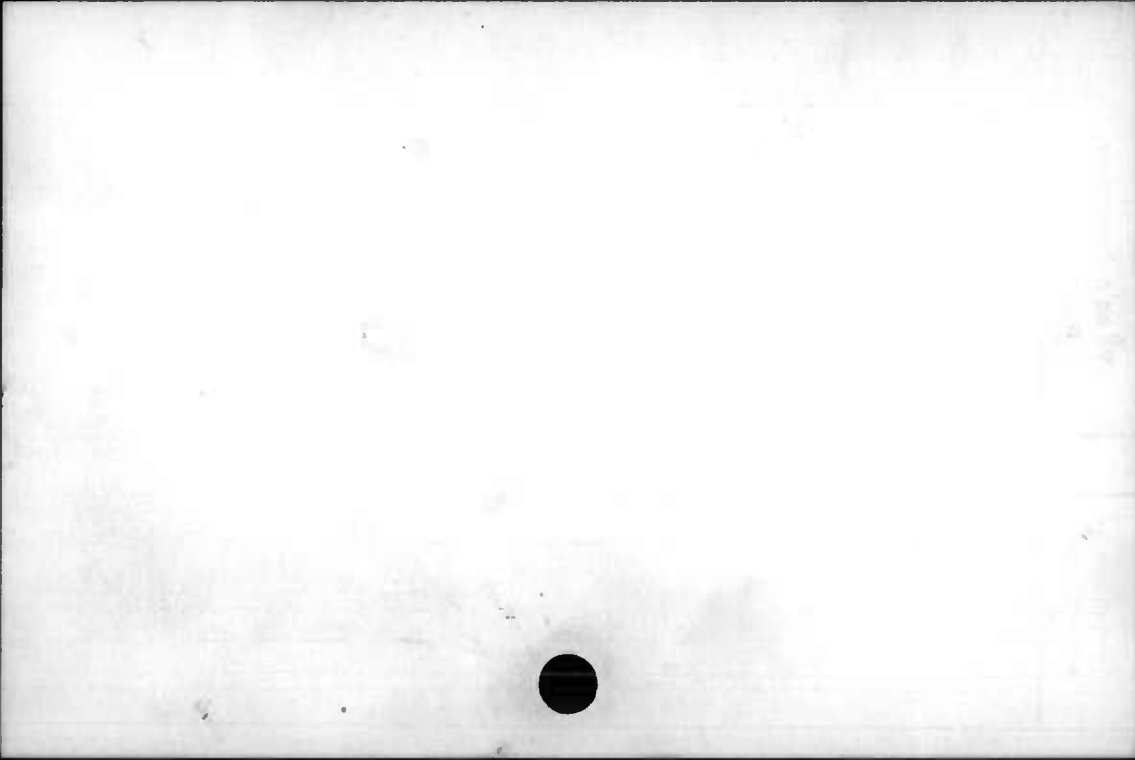
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		1903	Month Dec	Day 12	Age 59	Months	Days
Sex female		Color or Race white		Birth- place Md.			
Occupation H.W.		Where Residing if not at place of death Hagerstown, Md.					
Married, Single or Widowed married		Name of Wife or Husband Jacob C. Cookerly.					
Father's Name Thomas Schleich		Father's Birthplace Md.					
Mother's Maiden Name Elizabeth Shigler		Mother's Birthplace "					
Name of person giving Information J. C. Cookerly		How related to deceased husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis		How long 2 yrs	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr E J Frank am	
		Address Hagerstown Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		12	8	89	3	14	
Sex	Male	Color or Race	White	Birth-place	Ruggold		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Jacob Dayhoff			Father's Birthplace			
Mother's Maiden Name	Barby White			Mother's Birthplace			
Name of person giving Information	Samuel Dayhoff			How related to deceased			
			Some				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	Heart Failure	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		no Doctor	
		Address	
Accident or Suicide?			



Name
in
Full

Still born child John & Mary Sillon

CERTIFICATE OF DEATH

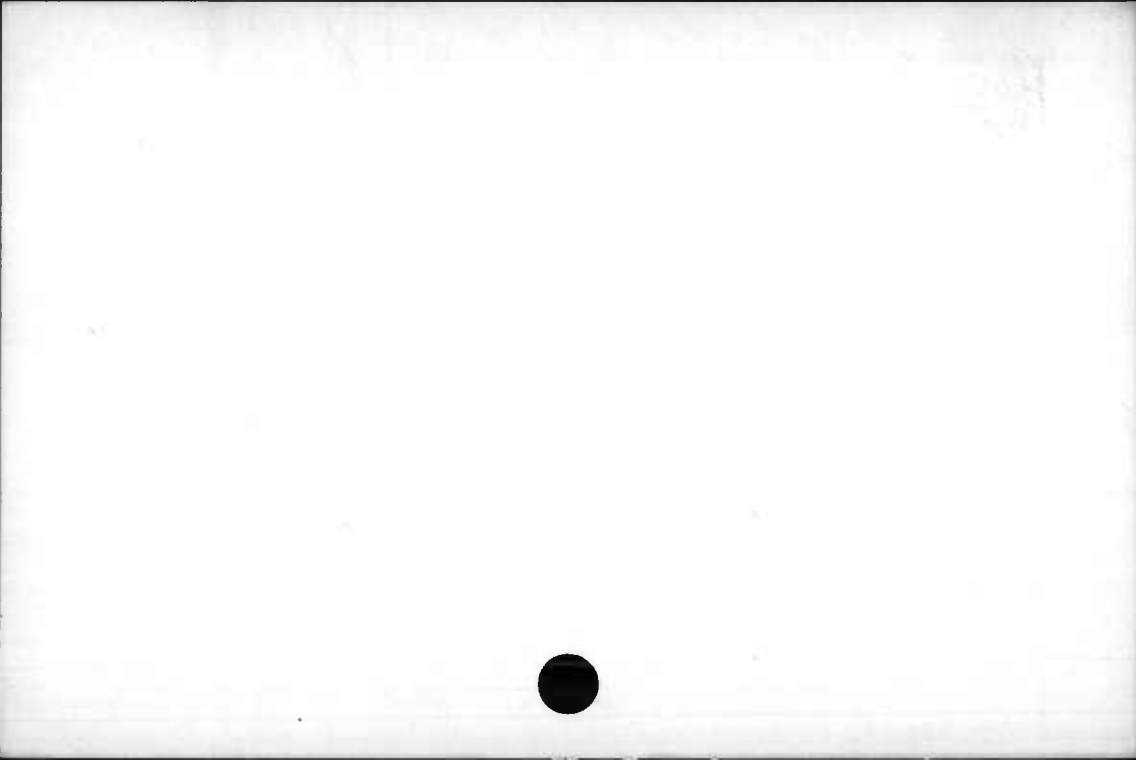
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1903	Month	Dec	Day	19
Age		Years		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John Sillon</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Happel</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>John Sillon</i>		How related to deceased <i>father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Emiluter Undertaker</i>
	Address <i>Hagers town</i>
Accident or Suicide?	<i>md.</i>



Name
in
Full

CERTIFICATE OF DEATH

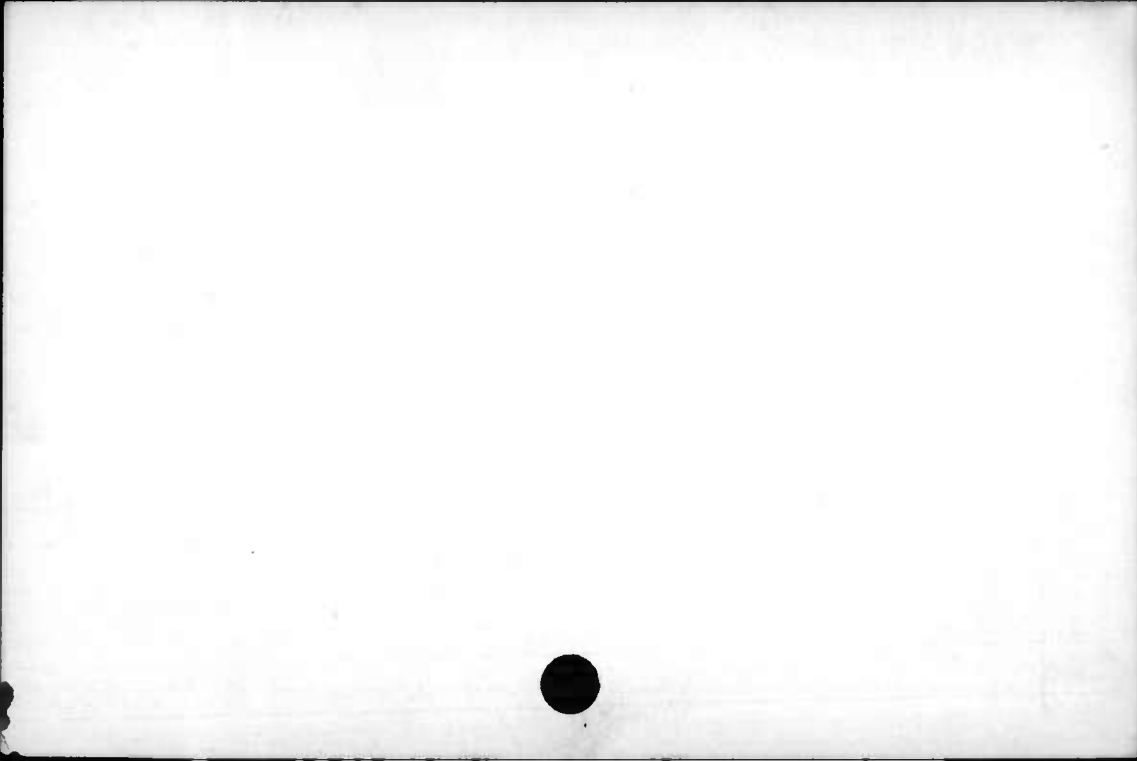
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Matilda Dittlow</i>		Town <i>Maryansville</i>		County <i>Wash.</i>		MARYLAND	
Died <i>24</i> ^{Year}		<i>3</i> ^{Month}		<i>2</i> ^{Day}		<i>11</i> ^{Months}	
Date of death <i>1903 Dec</i>		<i>2</i> ^{Day}		Age <i>61</i> ^{Years}		<i>28</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Near Maryansville</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Henry Dittlow</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Susan Grove</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Miss Susan Dittlow</i>		How related to deceased <i>sister.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Clinton Miller M.D.</i>
	Address <i>State Line, Pa.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

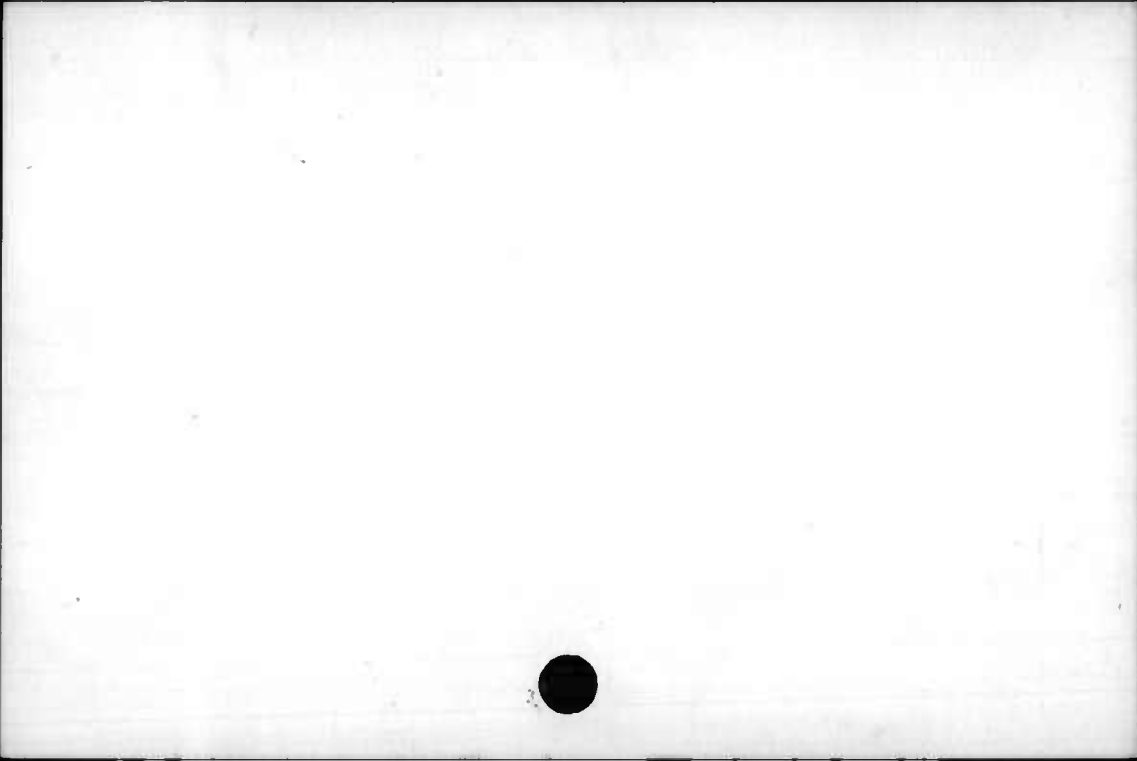
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henry Kyd Douglas		Town Hagerstown		County Wash.		MARYLAND	
Died at Hagerstown		Month Dec		Day 18		Years 65	
Date of death 1903		Month Dec		Day 18		Years 65	
Sex male		Color or Race white		Birth-place W. Va.		Months 2	
Occupation Lawyer		Where Residing if not at place of death Hagerstown Md.		Days 19			
Married, Single or Widowed single		Name of Wife or Husband 		Father's Birthplace Ireland		Mother's Birthplace Scotland	
Father's Name Rev. Robert Douglas		Mother's Maiden Name Mary Robertson		How related to deceased nephew			
Name of person giving Information John K. Beckenbaugh							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ateio Sclerosis		How long 18 Months	
Immediate Pulmonary Congestion		How long 4 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A S Mason	
		Address Hagerstown Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

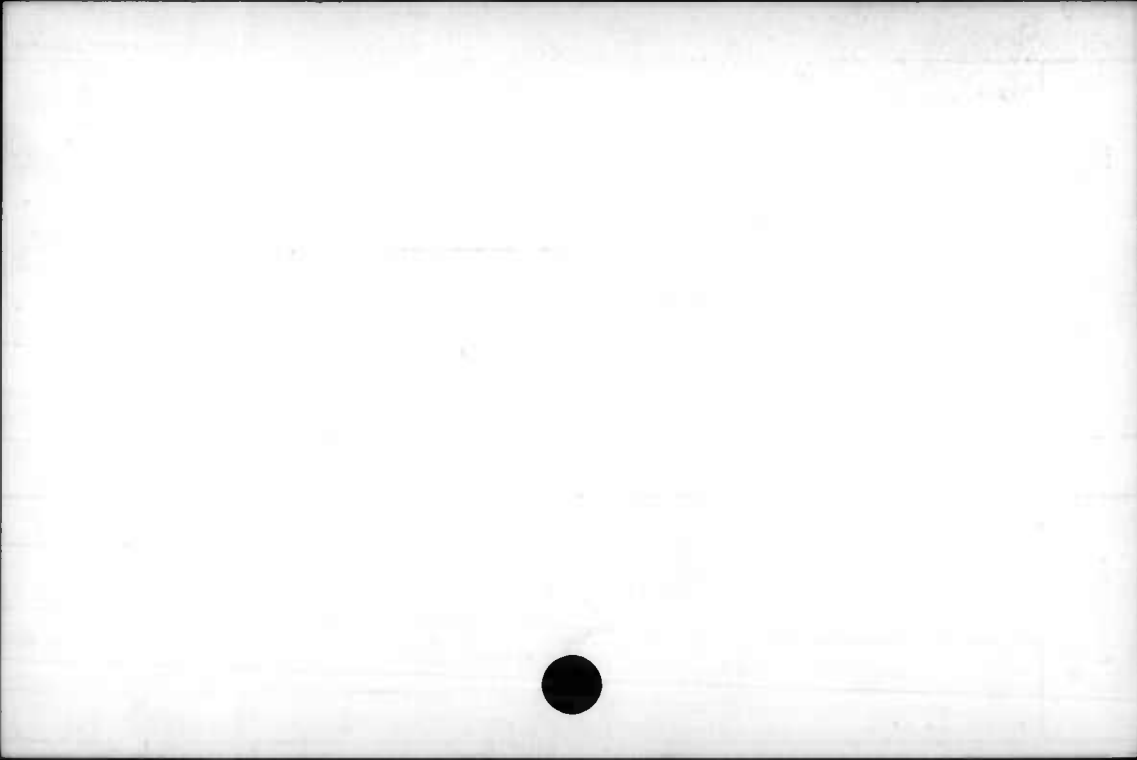
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Daniel L. Carwin</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>11</i>		Years <i>72</i>	
Date of death <i>1903</i>		Months <i>1</i>		Days <i>28</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catharine E. Bridge</i>					
Father's Name <i>David L. Carwin</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Eveline Penhtrapp</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Geo. Carwin</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Watkins</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide?	



Name
in
Full

Mrs Ellen Doyle.

CERTIFICATE OF DEATH

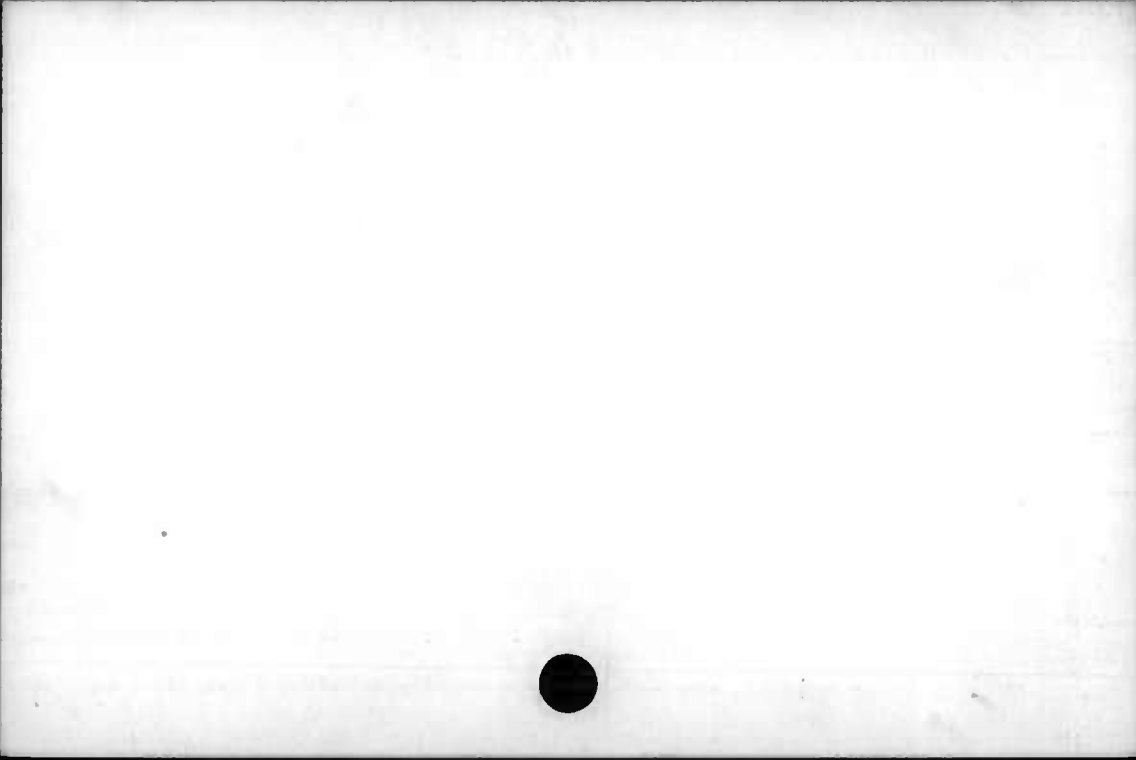
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1903	Month	<i>Dec</i>	Day	<i>12</i>	Age	<i>63</i>
				Years	<i>10</i>	Months	<i>—</i>
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>
Occupation	<i>N. W.</i>		Where Residing if not at place of death		<i>Bagerstown Md</i>		
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband		<i>Chas Doyle.</i>		
Father's Name	<i>Abraham Crum</i>		Father's Birthplace		<i>Md.</i>		
Mother's Maiden Name	<i>Mary M^c Daniel</i>		Mother's Birthplace		<i>Pa</i>		
Name of person giving Information	<i>Mrs. J. C. Wagner</i>		How related to deceased		<i>niece</i>		

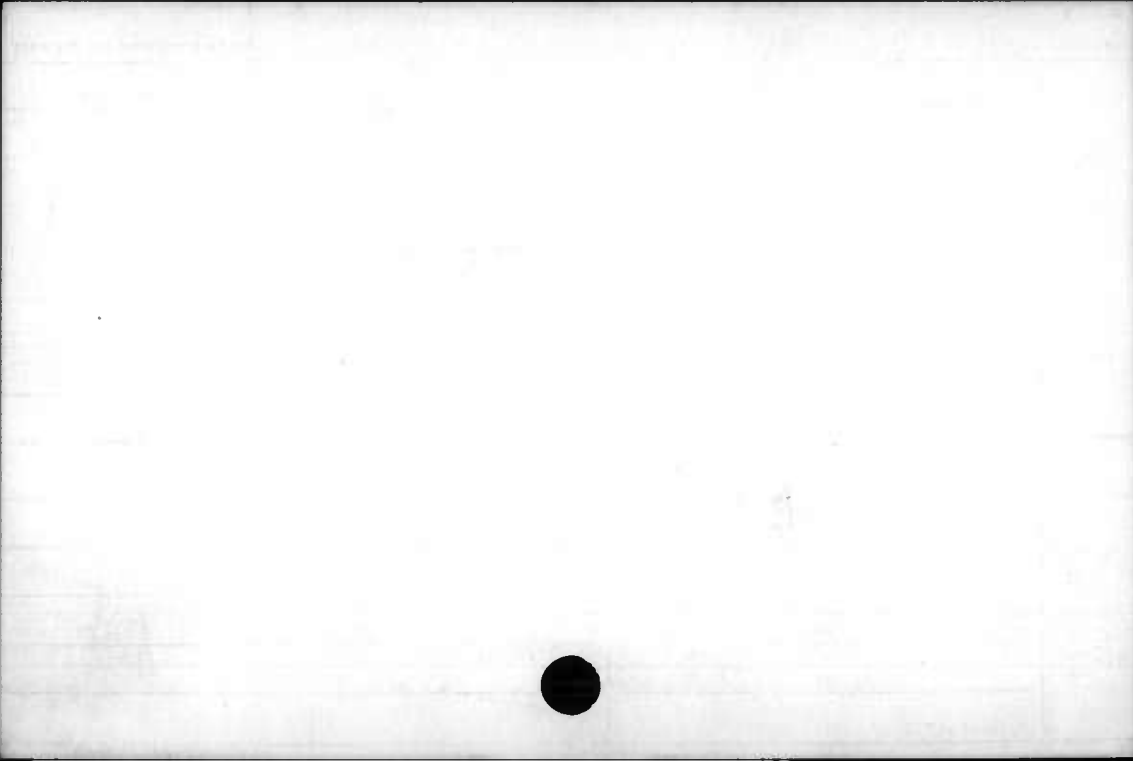
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laurel J. Lison</i>	How long	
Immediate	<i>E. M. Lison</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr E. M. Lison</i>		
	Address <i>Bagerstown Md</i>		
Accident or Suicide?			



Name in Full		Basil Lewis Dyer.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						



Name
in
FullDied at *Viola Easterday*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>28</i>	Age <i>2</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Child</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William H Easterday</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Martha Marty</i>	Name of person giving Information <i>William Easterday</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho - Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>—</i>	

JAN 2 1904

ACCP

JAN 2

ACCP

1



Name in Full

Certificate of Death

Henry S Eavoy

Town

County

Died at

Hagerstown

Wash.

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

12

23

Age 83

Md

Builder

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Sarah Hoffman

Jacob L.

Mother's

Maiden Name

A. Sweeney

How long sick

Several months

~~Accident, Suicide, Homicide~~Heart Disease
Cardiac Failure
J. M. P. Scott
Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

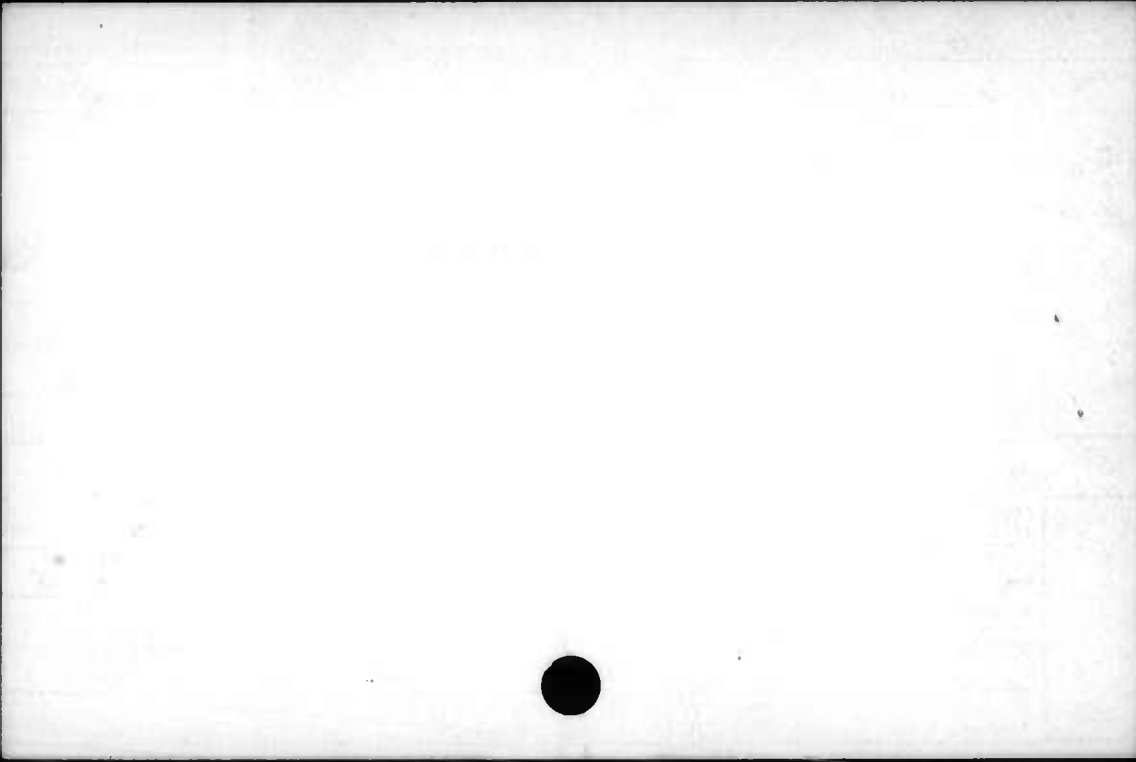
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Susan Emmert</i>		Town <i>Hagerstown</i>		County <i>Hach.</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Month <i>12</i>		Day <i>16</i>	
Age <i>71</i>		Years <i>11</i>		Months <i>24</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Housewife.</i>		Where Residing if not at place of death <i>Hagerstown Md.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dr Andrew Emmert</i>					
Father's Name <i>Abraham Kuffer</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Catherine Gantz</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Dr Heltz Fehrmey</i>		How related to deceased <i>Son in law.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>14 weeks</i>	
Immediate <i>2nd Stroke of Paralysis</i>		How long <i>9 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Dr Heltz Fehrmey</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

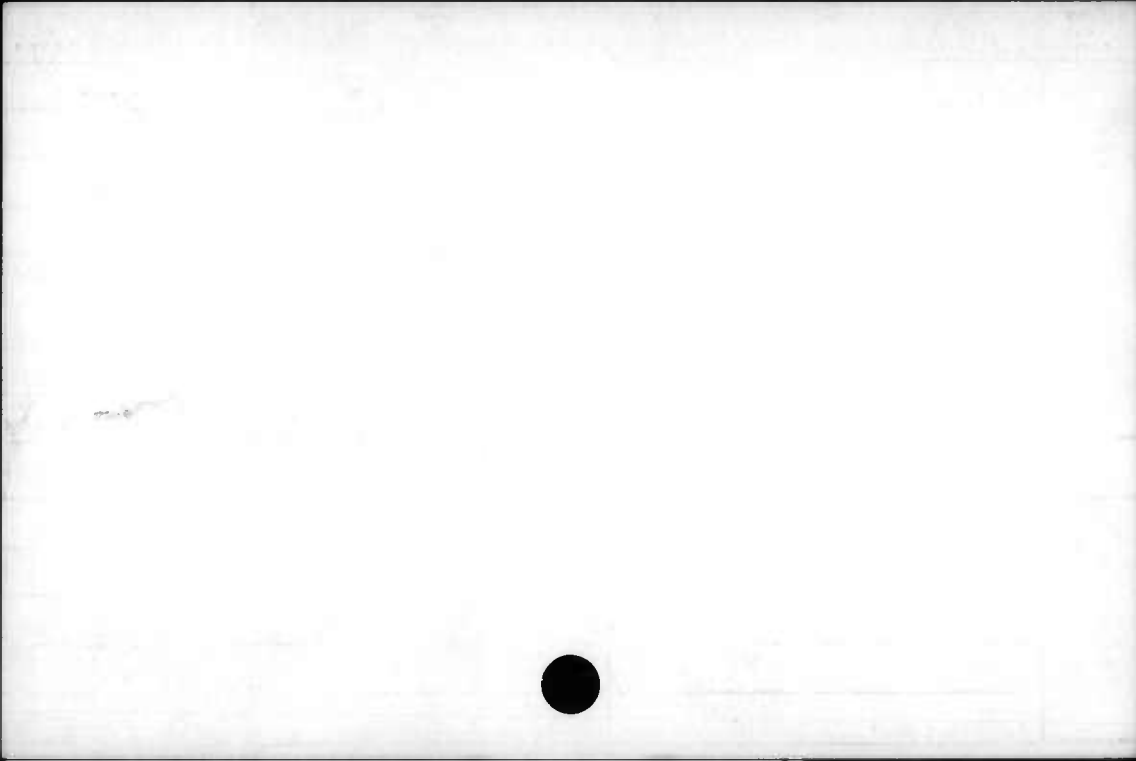
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry Gallayer		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 12		Day 7		Age —	
Date of death 1903		Years —		Months —		Days 4	
Sex Male		Color or Race Black		Birth-place Md			
Occupation Child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Edward Gallayer		Father's Birthplace Md					
Mother's Maiden Name Gestruide Hill		Mother's Birthplace Md					
Name of person giving Information Gestruide Hill		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Sporms		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. C. Huffman	
		Address Hagerstown Md	
Accident or Suicide?		Funeral Director	



Name
in
Full

Abraham Gloss

CERTIFICATE OF DEATH

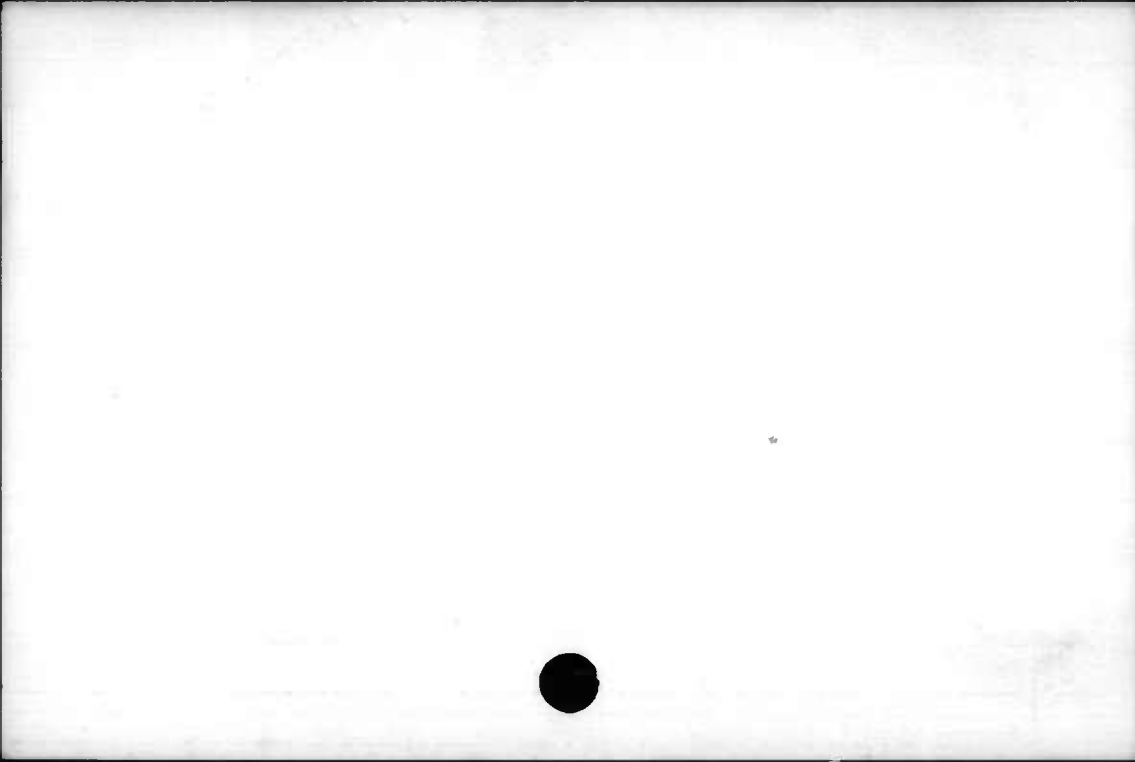
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>14</i>	Age <i>70</i> ^{Years}	Months <i>05</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>widowed</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name <i>William Gloss</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Smith</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>A. J. Morrow</i>			How related to deceased <i>brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of the Heart</i>	How long <i>Years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. M. Garrett</i>
		Address <i>Sharpburg, Ind.</i>
Accident or Suicide?		



Name
in
Full

William Gossard

170 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milliamport.		County Washington		MARYLAND	
Date of death 1903	Month Dec	Day 17	Age	Years 14	Months 8	Days 6	
Sex Female		Color or Race White		Birth- place Hampsh			
Married, Single or Widowed		Single		Occupation Domestic			
Name of Wife or Husband							
Father's Name John T. Gossard				Father's Birthplace Franklin Co Pa			
Mother's Maiden Name Priscilla Barnes				Mother's Birthplace Va			
Name of person giving In formation J F Gossard				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Doctor	How long	2 Wks
Immediate	Measles	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J F K... Address Undertaker Hampsh Va	
Accident or Suicide?			

Reserve Country
J. F. K.
N.

Name
in
Full

Margaret E. Grey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fairview ^{County} Wash.

MARYLAND

Date of death 1903 12 28 Age 70 Months 8 Days 12

Sex Female Color or Race white Birth-place

Married, ~~Yes~~ Occupation

Name of Wife or Husband George W. Grey

Father's Name Albert

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information G. W. Grey

How related to deceased Husband

CAUSES OF DEATH

Primary La. Grippe How long 4 weeks

Immediate Old age, Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Harry Breitman

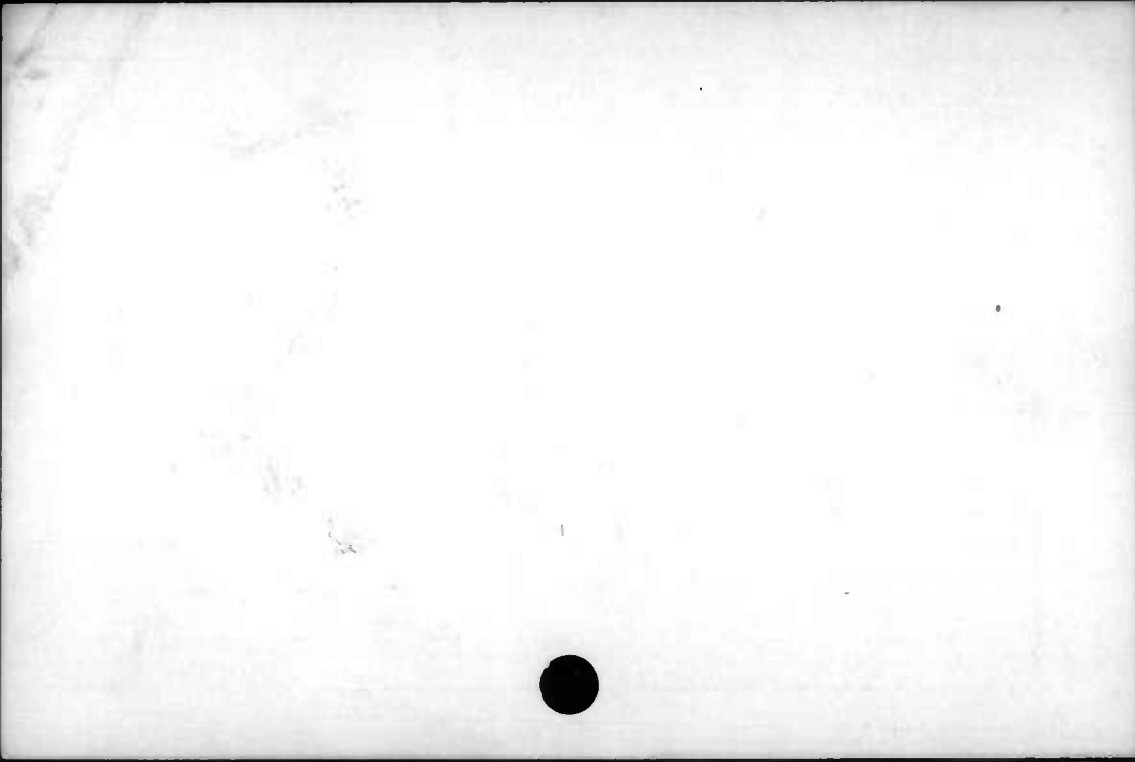
Address

Wash. Revue

Pa.

PHYSICIAN
OR CORONER

Accident or Suicide:



Name
in
Full

Susan L. Harrison

CERTIFICATE OF DEATH

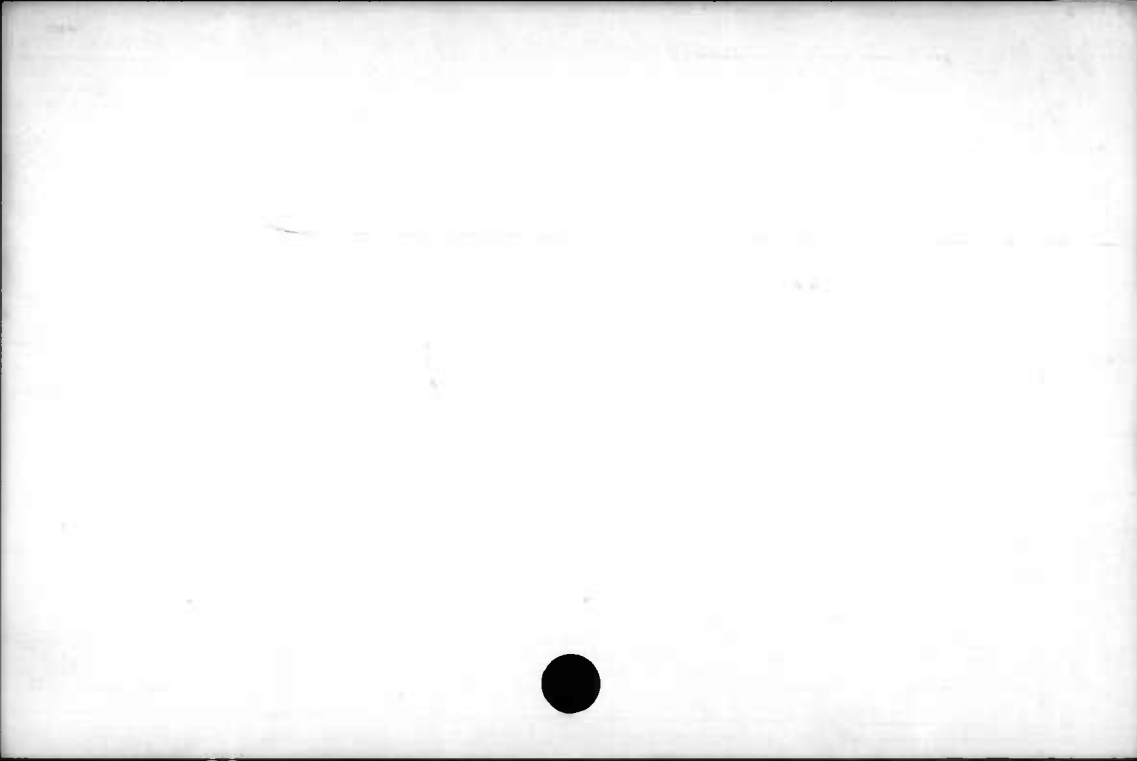
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month <i>12</i>	Day <i>22</i>	Age <i>3-4</i>	Months <i>1</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mahlon Harrison</i>				
Father's Name <i>John Betts</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Nancy Barber</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Mahlon Harrison</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Lobar Pneumonia -</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Smith</i>
	Address <i>Wagers town</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eldred Jeremiah Hennessy

Town

County

Died at

Hagerstown

wash.

MARYLAND

Date

of death 1903

Month

Dec

Day

10

Age

Years

—

Months

10

Days

—

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

child

Where Residing if not
at place of death

Hagerstown Md.

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Jerry Hennessy

Father's
Birthplace

Md.

Mother's
Maiden Name

Jane Fredrick

Mother's
Birthplace

..

Name of person giving
Information

Jerry Hennessy

How related
to deceased

father

CAUSES OF DEATH

Primary

Anthrax

How long

Ten hours

Immediate

How long

..

Are the name, age, sex, color, date
and place correctly given above?

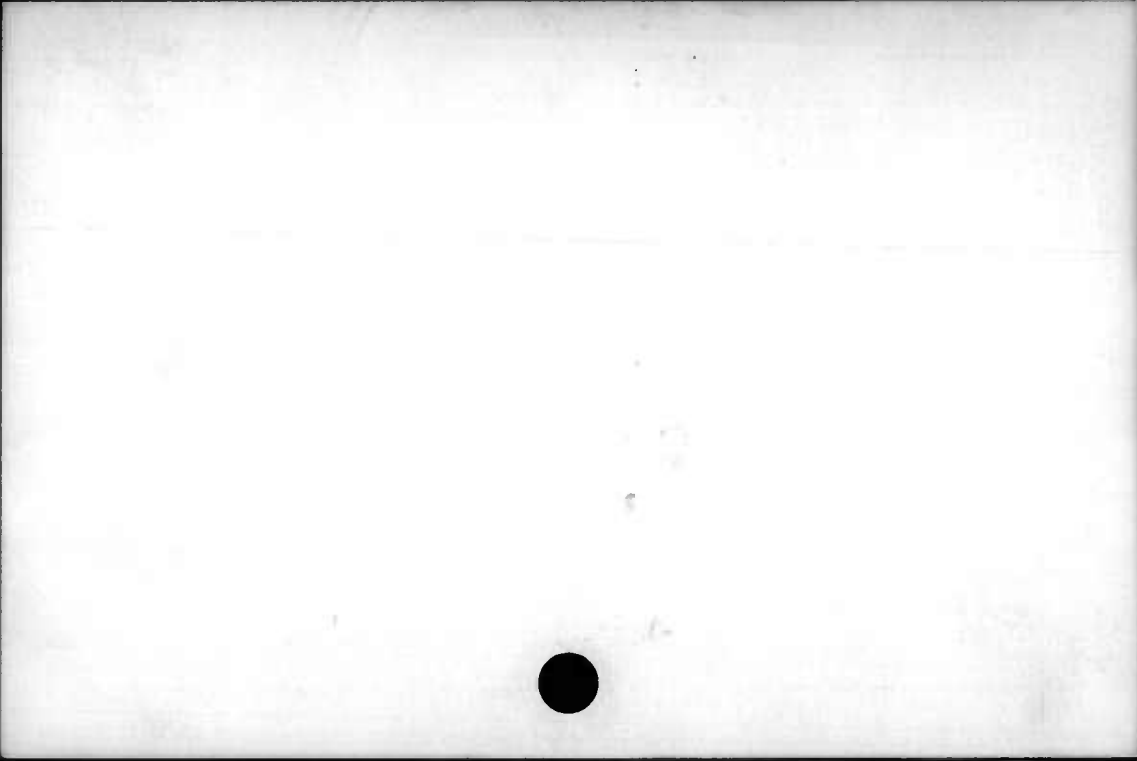
Yes

Signature of
Physician

Address

Ch. D. D. M.D.

Accident or Suicide?



Name
in
Full

William Stanley Hessong

CERTIFICATE OF DEATH

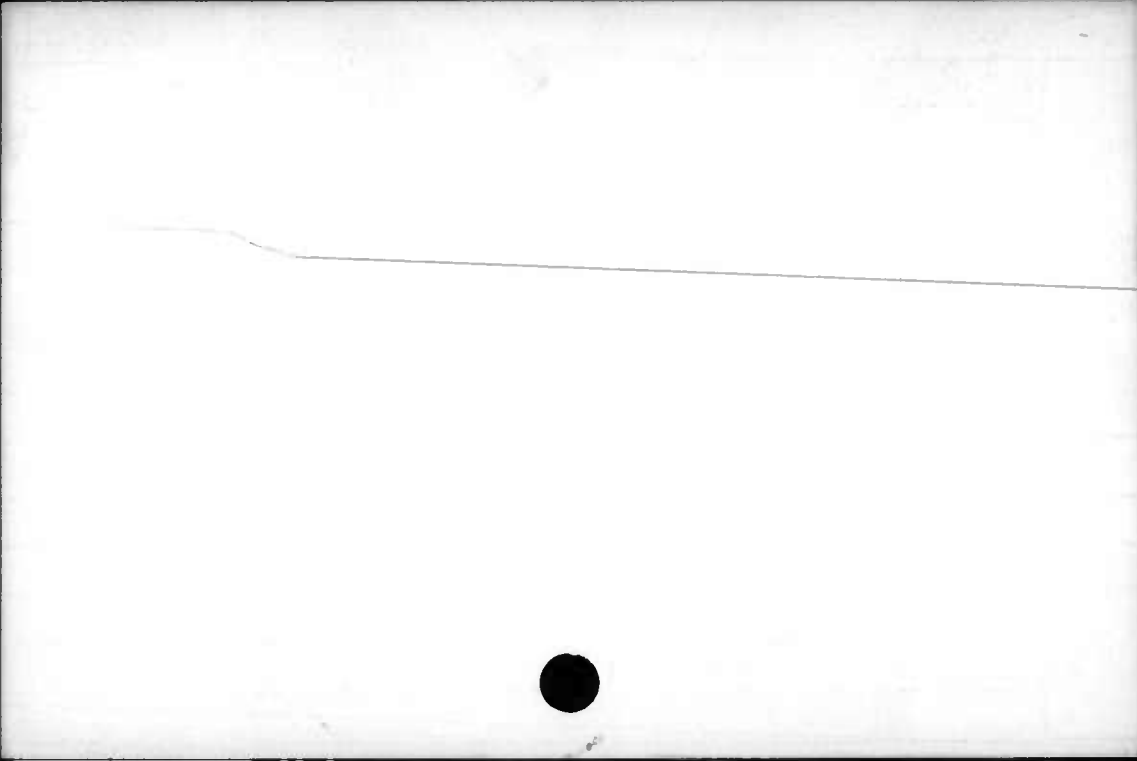
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lydia</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Dec</i>	Day	<i>17</i>
Age		Years		Months	<i>6</i>
Sex		Color or Race		Birth-place	<i>md</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband					
Father's Name		<i>Guy R. Hessong</i>		Father's Birthplace	<i>md</i>
Mother's Maiden Name		<i>Sadie B. Stauffer</i>		Mother's Birthplace	<i>md</i>
Name of person giving Information		<i>Sadie B. Hessong</i>		How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>meningitis (acute)</i>	How long	<i>4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>V. M. Richard</i>	
Address		<i>Hair play, md.</i>	
Accident or Suicide?			



Name
in
Full

Franklin Heull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Conococheague		Washington					
Date	Month	Day	Age	Year	Months	Days	
of death 190	2	Dec.	6th	Still born			
Sex	male		Color or Race	white		Birth-place	Conococheague
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	D. Franklin Heull					Father's Birthplace	Clearspring, Md
Mother's Maiden Name	Maggie Kuhn					Mother's Birthplace	Maryland
Name of person giving information	Franklin Heull					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Theo. B. Rose
Address	Windsport, Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Anna Mariah Hoffman

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death

1903

Month

12

Day

15

Age

68

Months

10

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John M Hoffman

Father's
Name

Jacob B. Lehman

Father's
Birthplace

Pa

Mother's
Maiden Name

Barbara Funk

Mother's
Birthplace

Pa

Name of person giving
Information

Mrs Howland

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Chronic Gastric

How long

Immediate

How long

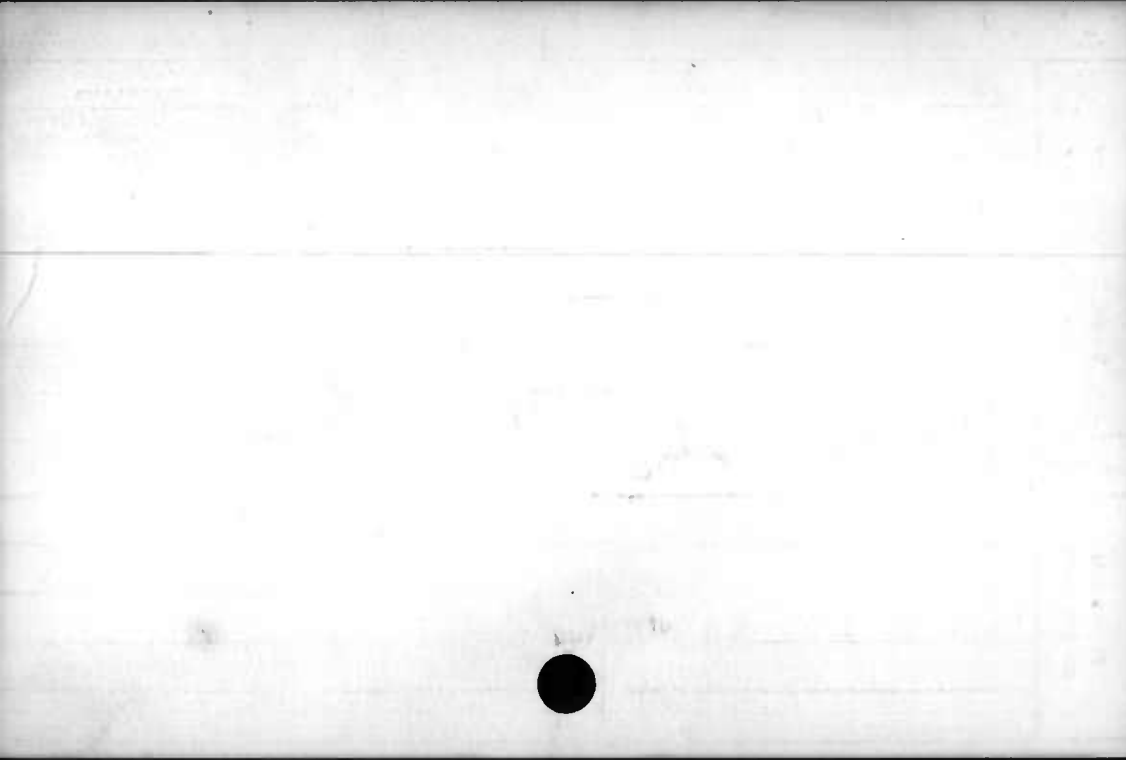
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. P. Stauffer

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Magdalene Hoffman

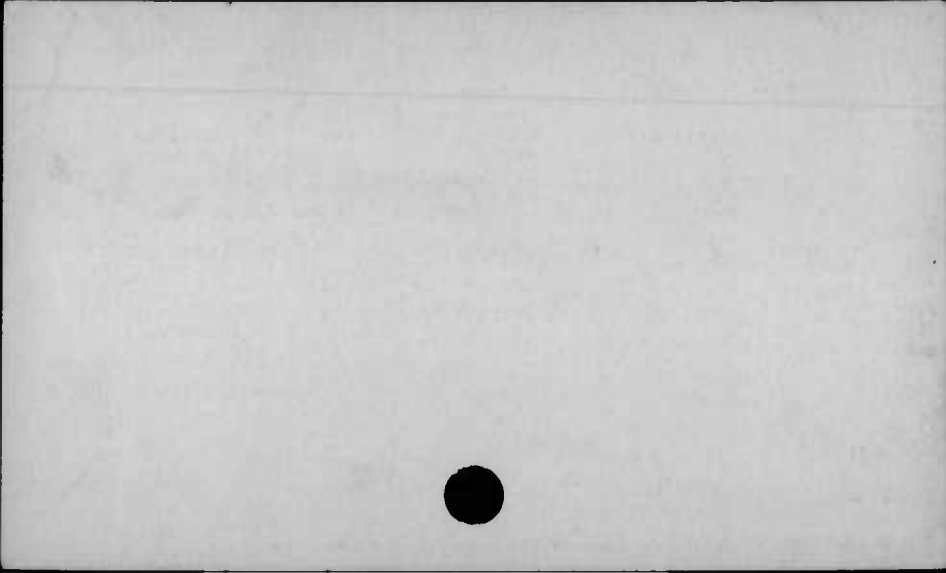
168

Died at ^{Town} Williamsport ^{County} Washington MARYLANDDate 1903 - Dec 4th Y. M. D. Age 75.4.23 Native of Williamsport Md Occupation Home Wife
~~Male~~ White ~~Marrd~~ ~~Wid~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ Number of children living 7Husband of Henry Hoffman Dec'd
Wife
Father's Name Jacob Hoffman Mother's Maiden Name Mrs. GarverCause of Death { Primary Paralysis
Immediate Prostration
How long sick 66 - Days
Accident, Suicide, Homicide

Reported by W. S. Rich

Address Williamsport Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan Hoover

CERTIFICATE OF DEATH

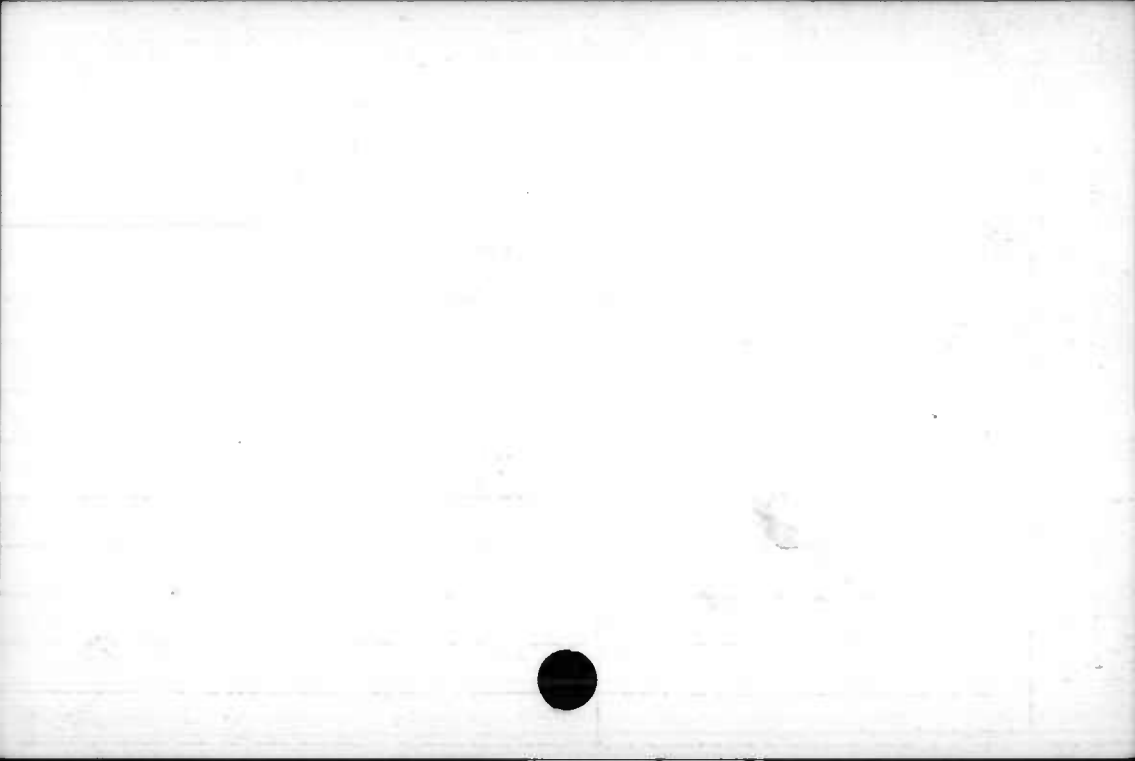
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beonsboro</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> ^{Month}	<u>24</u> ^{Day}	Age <u>80</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Wash-les</u>			
Married, Single or Widowed <u>Widowed</u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Nicholas Thomas -</u>		Father's Birthplace <u>Wash-les</u>			
Mother's Maiden Name <u>Mary Wally</u>		Mother's Birthplace <u>Wash-les</u>			
Name of person giving information <u>Eva Leebauer</u>		How related to deceased <u>Son in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Old Age - General Debility</u>	How long <u>10 yrs -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Wheeler</u>
	Address <u>Beonsboro</u>
Accident or Suicide?	<u>md -</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Edith May Hoovermill*

Town *Nagerstown* County *Washington* MARYLAND

Died at *Nagerstown*

Date of death *1903 Dec. 22* Age *—* Years *—* Months *1* Days *7*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *child* Where Residing if not at place of death *Nagerstown Md.*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Shaffer Hoovermill* Father's Birthplace *W. Va.*

Mother's Maiden Name *Josephine S. [REDACTED]* Mother's Birthplace *Md.*

Name of person giving Information *Shaffer Hoovermill* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *2 weeks*

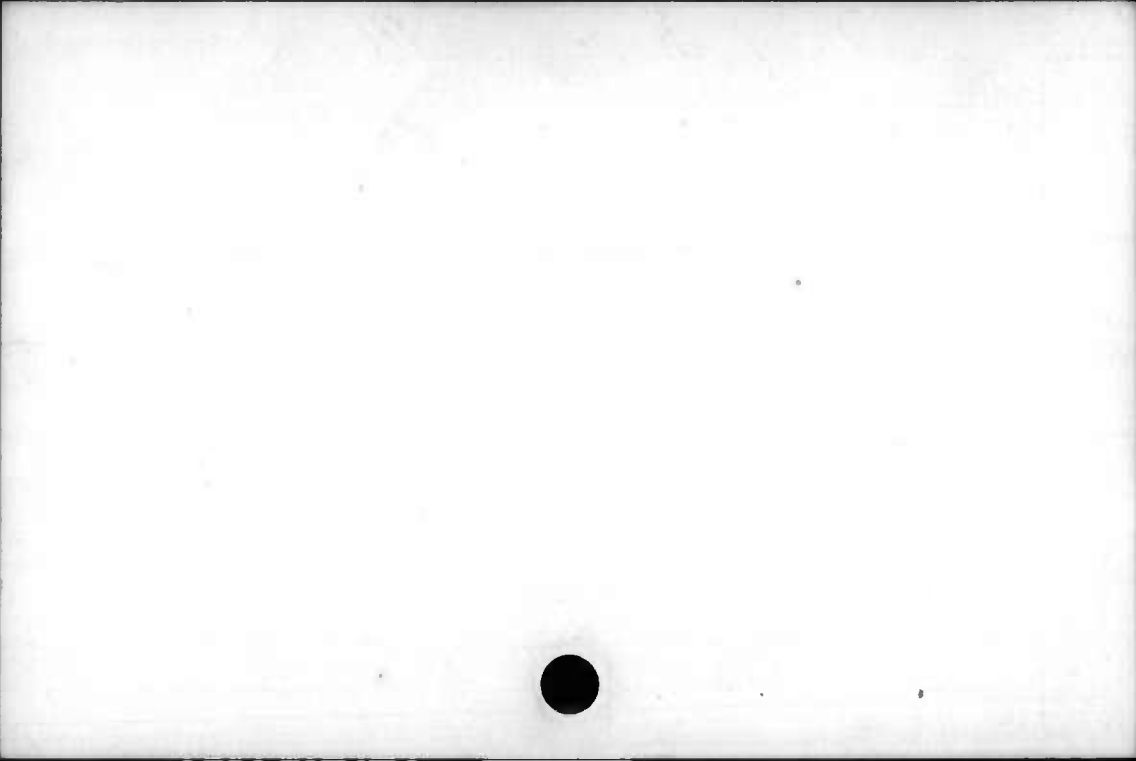
Immediate *Convulsions* How long *1 Day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. J. Morrison*

Address *Hagerstown Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>10</i>	Age <i>40</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col (w.p.)</i>		Birth-place <i>Md</i>		
Occupation <i>Waiter</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hester E. Johns</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Hester Hanf</i>	Mother's Birthplace <i>Va</i>				
Name of person giving Information <i>Eu y enge Hanf</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Immediate</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel A. Watkins</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

DEC 19 1993

Pearl Louise Karts

State
MARYLAND

Died at

Town
Eaklan Mills

County

Washington

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12

29

Age

1

5

23

Md

Nurse

~~Male~~~~Female~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

~~Widow~~
Father's
Name

Wm Karts

Mother's
Maiden Name

Nattie Karts

Cause of

Primary

Pneumonia

How long sick

4 Days

Death

Immediate

Suffocation

93.

~~Accident, Suicide, Homicide~~

Reported by

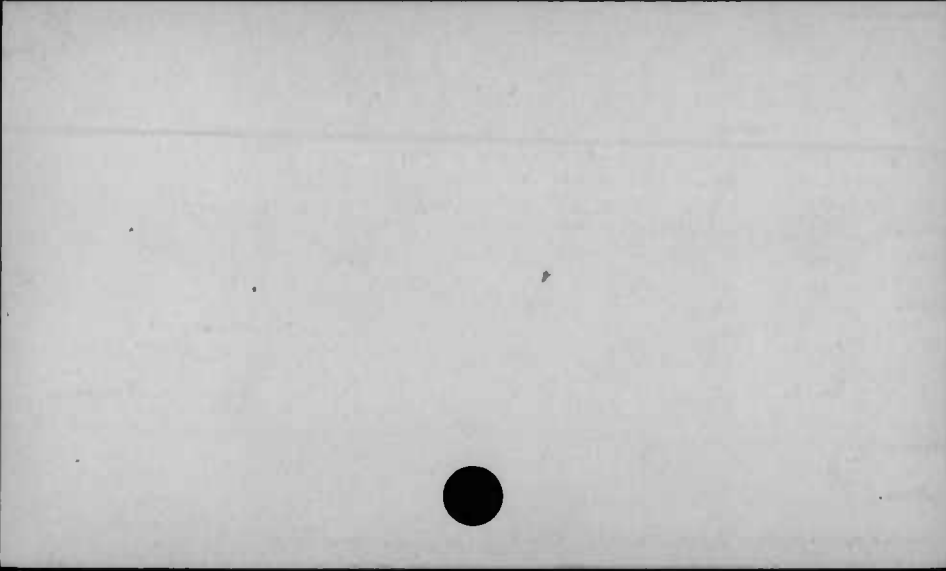
L E Sumner + Son

Address

Kearneysville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

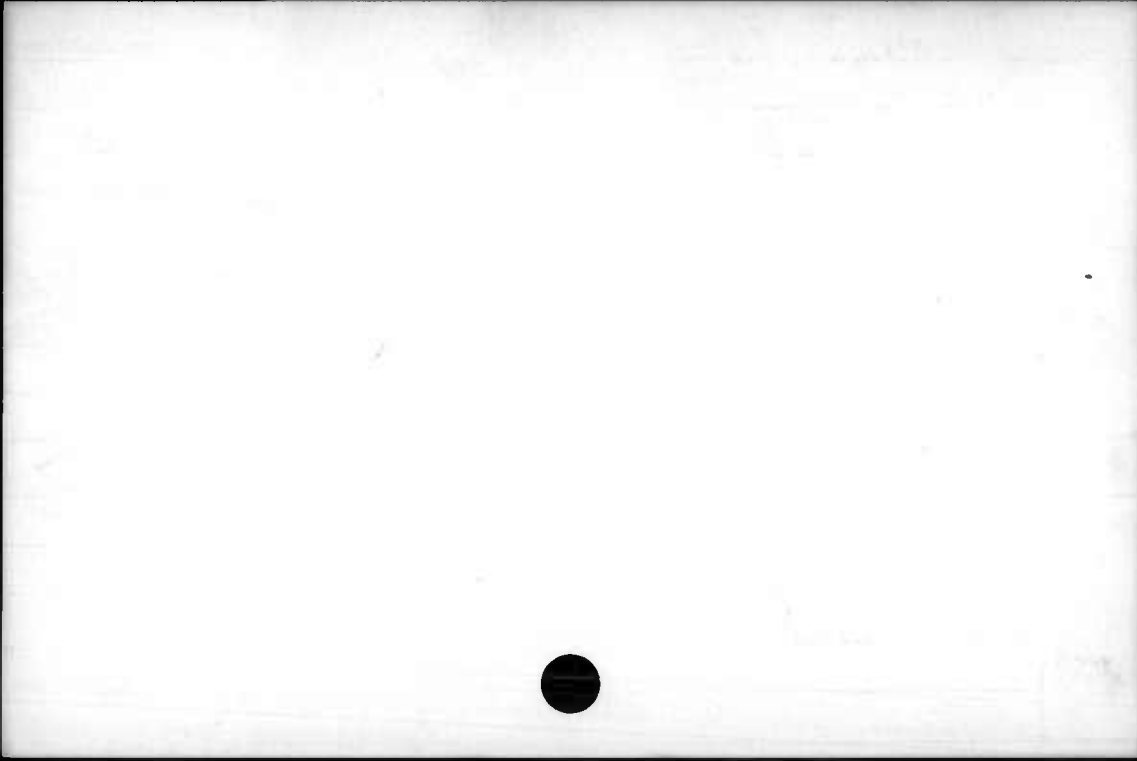
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Rebecca Guil</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>16</i>		Age <i>74</i>	
Date of death <i>1903</i>		Years <i>74</i>		Months <i>—</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Guil</i>					
Father's Name <i>Samuel Beagly</i>		Father's Birthplace					
Mother's Maiden Name <i>Mrs. Shoemaker</i>		Mother's Birthplace					
Name of person giving Information <i>John Guil</i>		<i>66</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Chaffer</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Pearl C Line

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Breathedonville* Town

County

MARYLAND

Date
of death *1903*Month
*12*Day
1

Age

Years
*4*Months
*1*Days
9

Sex

*female*Color or
Race*white*Birth-
place*Breathedonville*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Charles B Line*Father's
Birthplace*Wash Co*Mother's
Maiden Name*Cora M Clark*Mother's
Birthplace*" "*Name of person giving
Information*Cora M Line*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Branchio Pneumonia

How long

Immediate

collapse of lung

How long

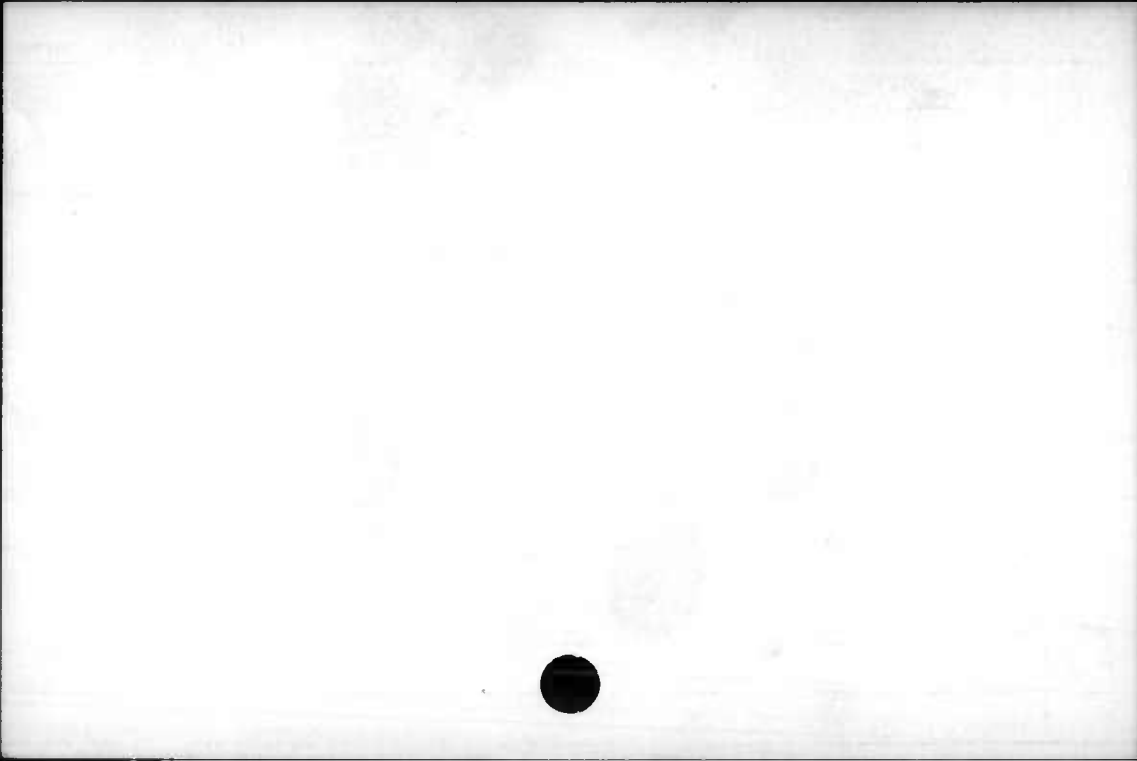
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

D. M. Reichard
Hairplay.

Accident or Suicide?

PHYSICIAN
OR CORONER



Lucy E. Mann

Town

County

MARYLAND

Died at

Clearspring

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Dec 24

Age 62

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

~~Married~~

Wife

David Mann

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. P. Perry

Address

Clearspring

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas. S. Wade

Name
in
Full

CERTIFICATE OF DEATH

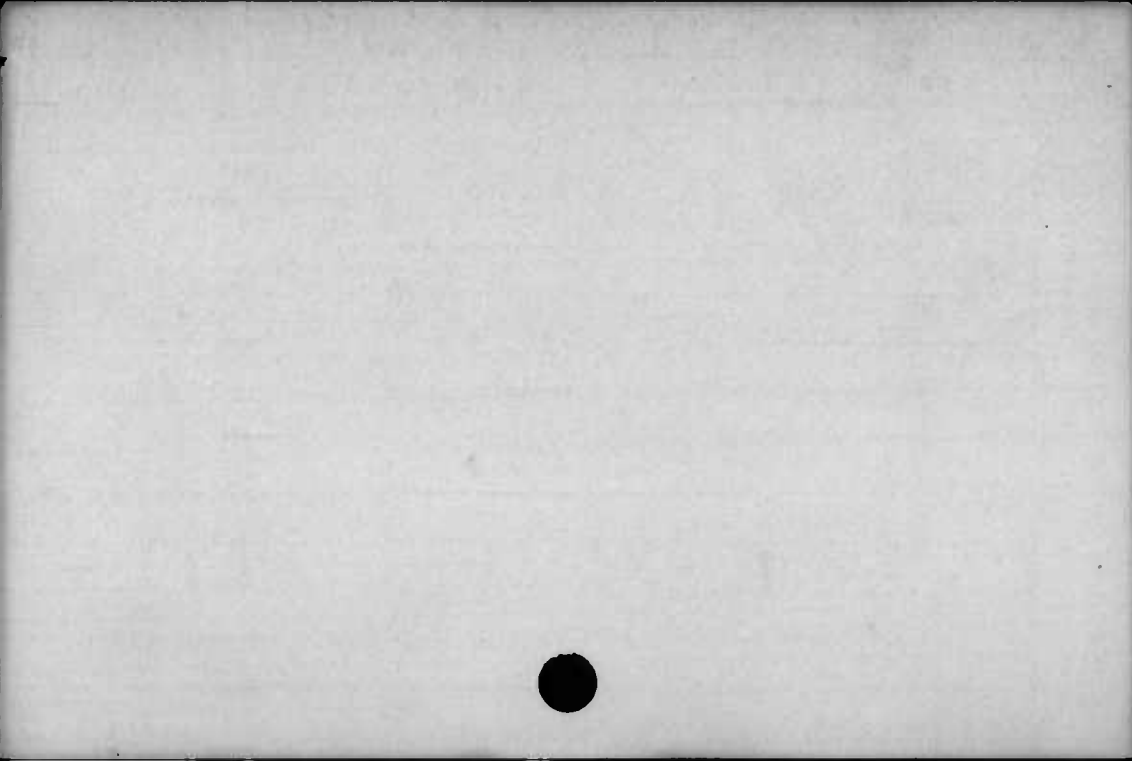
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. H. Martin</i>		Town <i>Laurel Run</i>		County <i>Washington</i>		State <i>Maryland</i>	
Died at <i>Laurel Run</i>		Month <i>Dec</i>		Day <i>28</i>		Years <i>35</i>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>28</i>		Years <i>35</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Morgan & H. Co.</i>			
Occupation <i>Lineman</i>		Where Residing if not at place of death <i>Hancock Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Martin</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>160</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Elizabeth Martin</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>BV & RR Accident</i>		How long <i>Instantaneous</i>	
Immediate <i>at Laurel Run Pa.</i>		How long <i>Instantaneous</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Hagan Cor</i>	
		Address <i>Connellsville Pa.</i>	
Accident or Suicide? <i>accident.</i>			



Name
in
Full

William Mang.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Auguste</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>23</i>	Age <i>61</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place	
Occupation	—			Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Mang.</i>				
Father's Name <i>Not Known.</i>				Father's Birthplace	
Mother's Maiden Name	—			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long	—
Immediate	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Andrew H. Coffman</i>	
	Address <i>Undertaker</i>	
	<i>Washington, Md.</i>	
Accident or Suicide?		

True copy.
C. P. Schell

July 11, 1904

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Elizabeth H Moore

Died at *Hagerstown* ^{Town} *Washington* ^{County} *town* **MARYLAND**

Date of death **1903** ^{Month} *12* ^{Day} *20* ^{Years} *62* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband

Father's Name *Henry Hill* Father's Birthplace *md*

Mother's Maiden Name *Sgt. Knapp* *79* Mother's Birthplace *md.*

Name of person giving Information *Charles Moore* How related to deceased *Son*

CAUSES OF DEATH

Valvular Disease ^{Heart}

Primary How long *Immediate*

Immediate How long *Immediate*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

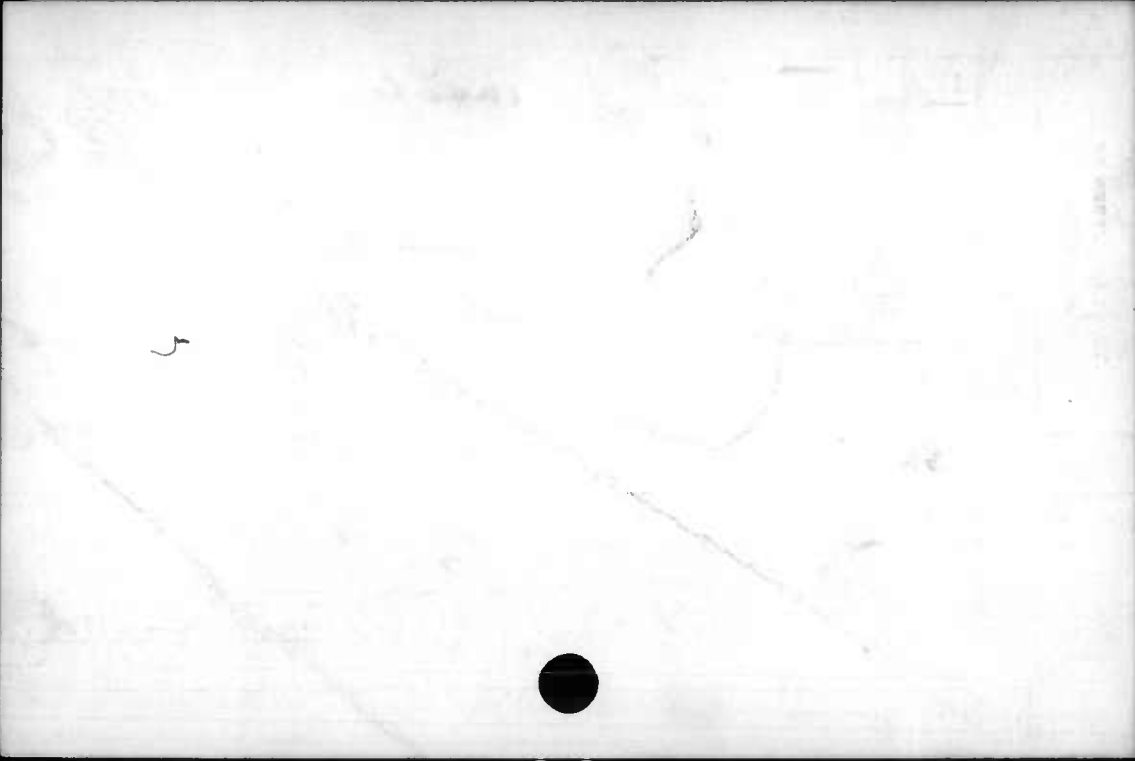
Signature of Physician

Address

Dr. J. J. J. J. J.

Hagerstown md

Accident or Suicide?



Name
in
Full

Elizabeth Morton

CERTIFICATE OF DEATH

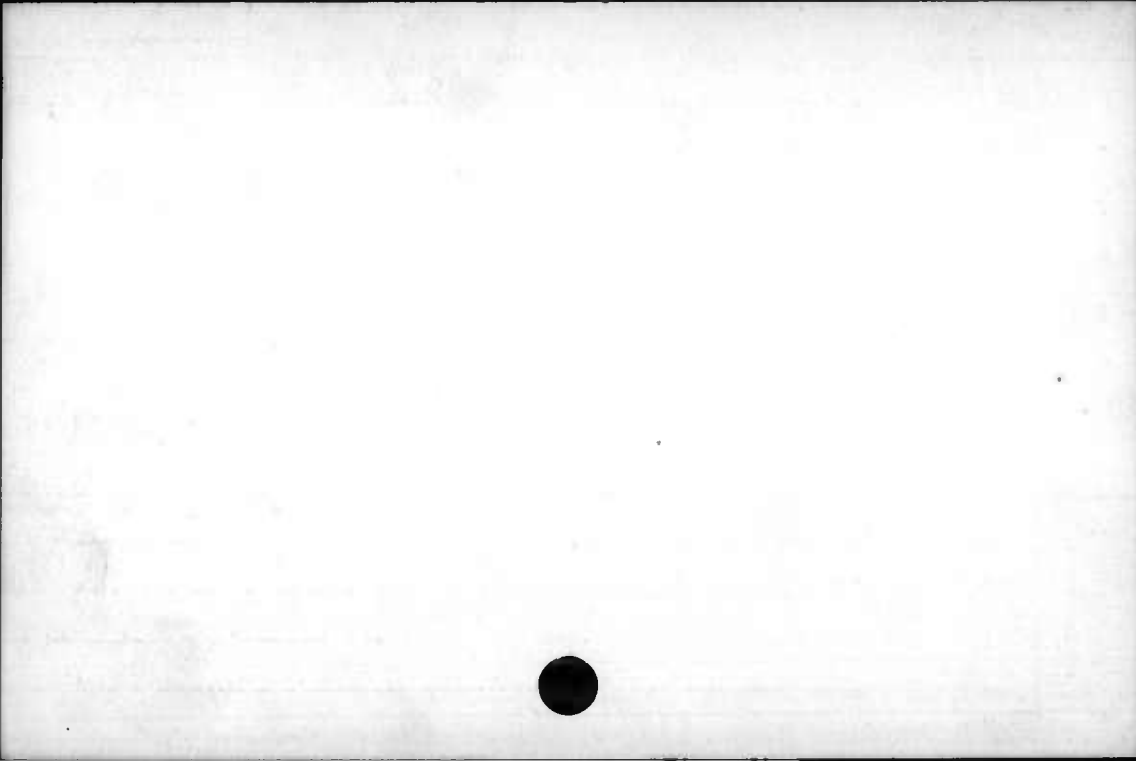
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u>		County <u>Wash</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>26</u>	Age <u>56</u>	Years <u>5</u>	Months <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Smithsburg Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband <u>John Morton</u>					
Father's Name <u>John Bookclall</u>			Father's Birthplace <u>Smithsburg Md</u>		
Mother's Maiden Name <u>Susan Kelly</u>			Mother's Birthplace <u>79</u>		
Name of person giving information <u>John Morton</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Disease of Heart Liver Spleen & Druff</u>	How long <u>2 Years</u>
Immediate <u>Heart Failure & Debility</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Y. Jarboe M.D.</u>
	Address <u>11</u>
Accident or Suicide?	



Name
in
Full

Raymond Neil Murry 192

CERTIFICATE OF DEATH

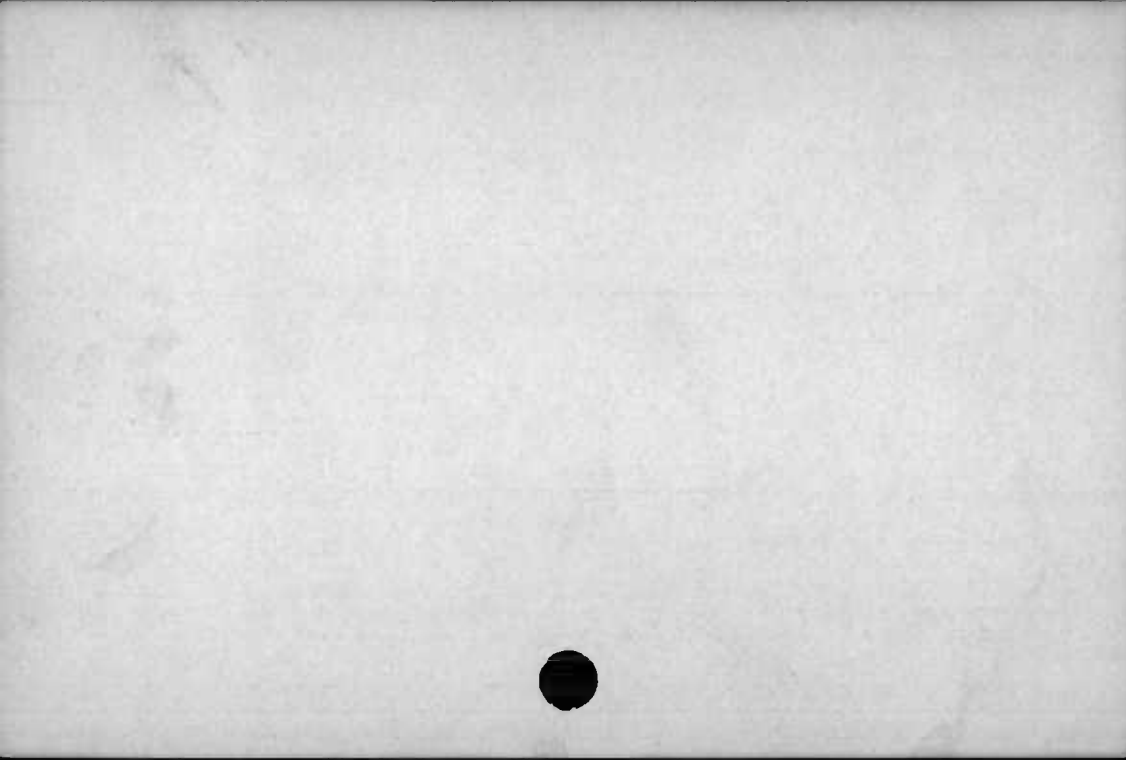
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Decr.	Day	25	Age	2
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John A Murry		Father's Birthplace		Thompson	
Mother's Maiden Name		Sarah C Miller		Mother's Birthplace		" "	
Name of person giving information		J F Kops Undertaker		How related to deceased		not still	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia following measles	How long	Three weeks
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. S. Richardson	
Address		Williamsport Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

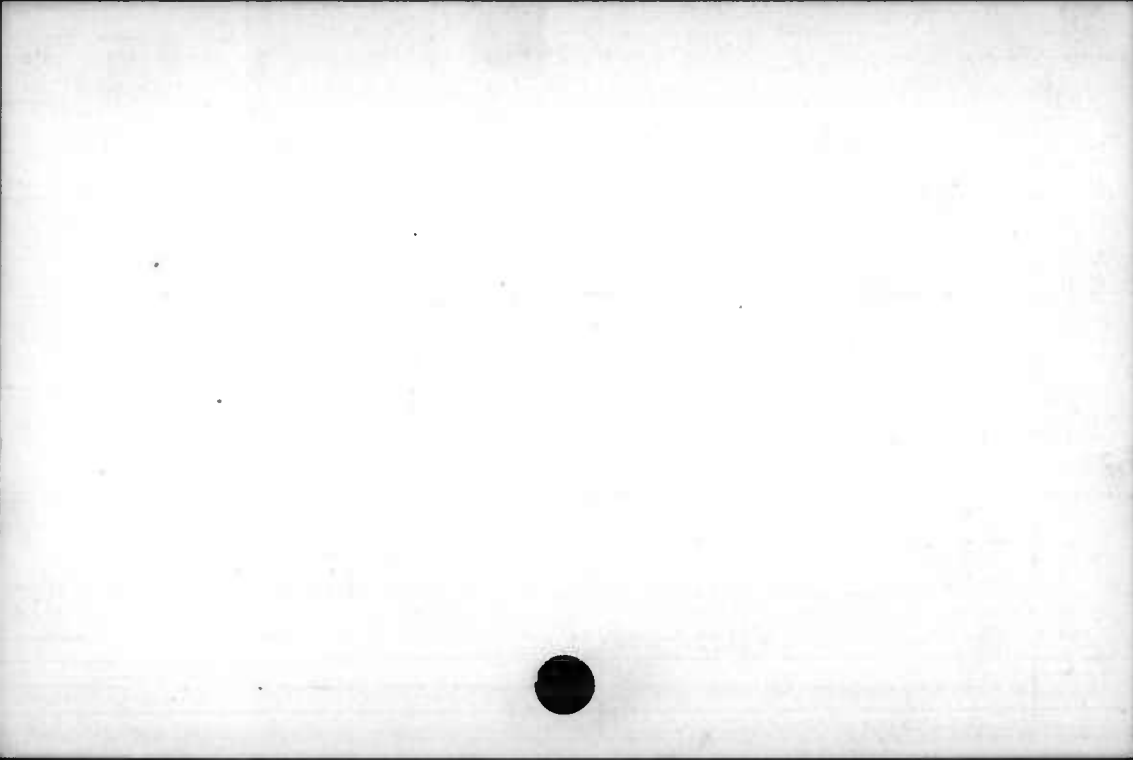
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> ^{Town} <i>Wash</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>12</i> ^{Day} <i>11</i> ^{Age} <i>77</i> ^{Years} <i>6</i> ^{Months} <i>13</i> ^{Days}			
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Dumfries</i>	
Married, Single or Widowed	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Benjamin Myers</i>			
Father's Name <i>Nickerson</i>		Father's Birthplace <i>Ra</i>	
Mother's Maiden Name <i>q3</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Mrs Repp</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup, Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Marsh, M.D.</i>
	Address <i>Clearspring Md</i>
Accident or Suicide?	



Name
in
Full

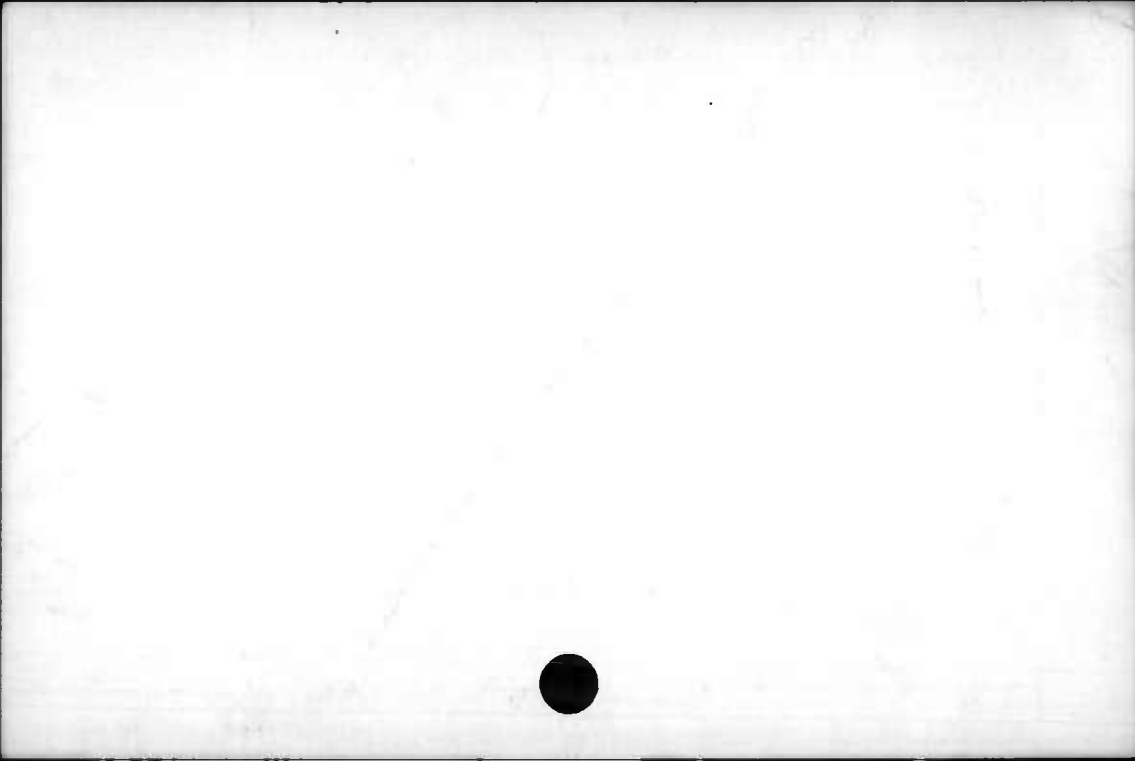
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William G. Neidigh</i>		Town <i>Hagers town</i>		County <i>Wash.</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>19</i>	
Age <i>27</i>		Years <i>27</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penna.</i>			
Occupation <i>R. R. Brakenman</i>		Where Residing if not at place of death <i>Harrisburg Pa.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>— — — —</i>					
Father's Name <i>J. H. Neidigh</i>		Father's Birthplace <i>Penna.</i>					
Mother's Maiden Name <i>S. A. Costenbader</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>J. H. Neidigh</i>		How related to deceased <i>father.</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Bruna & Scalos</i>		How long	
Immediate <i>Stroke</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. S. Dorr</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>Accident</i>		<i>Md.</i>	



Name in Full

Certificate of Death

Died at

Date 19

Male

White

Age

~~Married~~~~Widow~~~~Divorced~~

Occupation

~~Female~~~~Colored~~

Single

~~Widowed~~~~Number of children living~~~~Husband~~
or~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Asthma

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Pa
MARYLAND.

Date 1903

Month Day

Dec. 30

Age

Y. M. D.

82

Native of

America

Occupation

Widow

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Sing~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senile Diarrhoea

How long sick

Several years

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

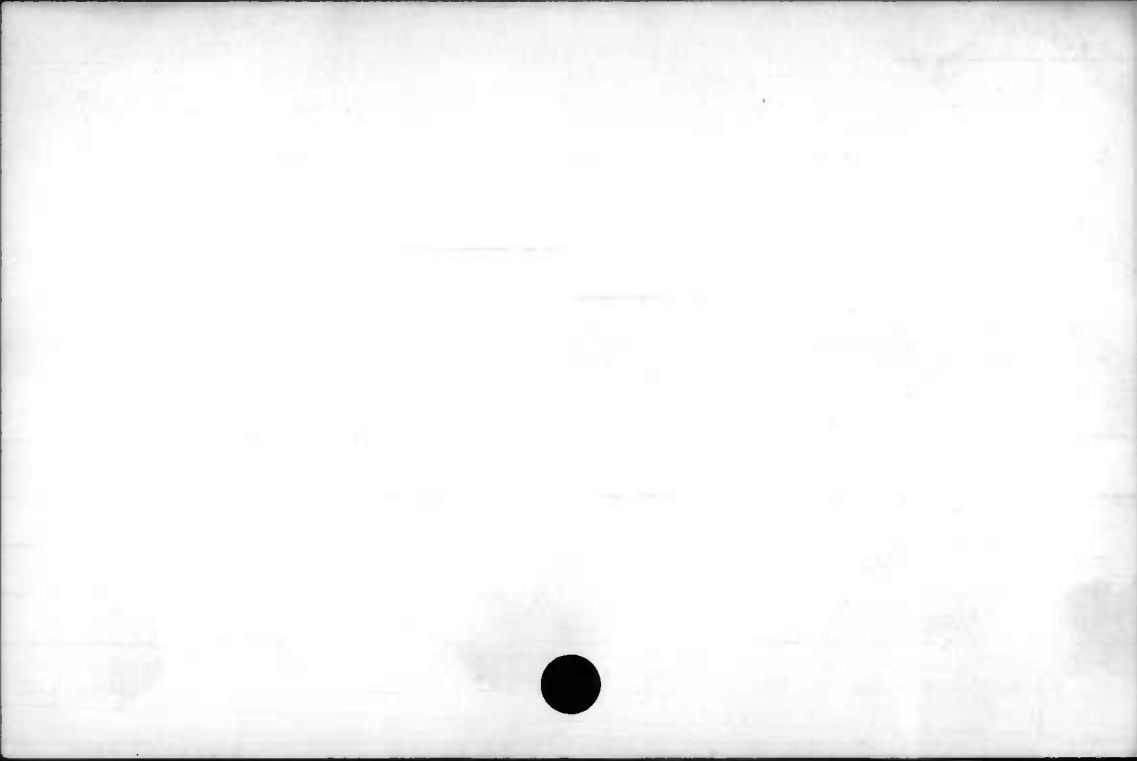
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Ann Pattison</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>11</i>		Age <i>64</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>11</i>		Age <i>64</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jeremiah Pattison</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Susan Dickey</i>		How related to deceased <i>Brother in Law</i>		Name of person giving Information <i>W. H. Long</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>12 hours.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Morrison</i>	
Yes		Address <i>Hagerstown Md.</i>	
Accident or Suicide?			
<i>No.</i>			



Name In Full

Certificate of Death

William Poffenbarger
 Town County Washington MARYLAND

Died at 1903 Month Day Y. M. D. Native of Occupation

Date 1903 Dec 30 Age 6

Male White Married Widowed Divorced
 Female Colored Single Widowed Number of children living

Husband of
 Wife

Father's Name Merl Poffenbarger Mother's Name Minnie Poffenbarger

Cause of Primary Measles, Pneumonia How long sick 2 wks

Death Immediate True Membranous Croup Accident, Suicide, Homicide

Reported by S. H. Unstet M.D.

Address Hagerstown Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
is
Full

Windsor Amelia Potts 1933

CERTIFICATE OF DEATH

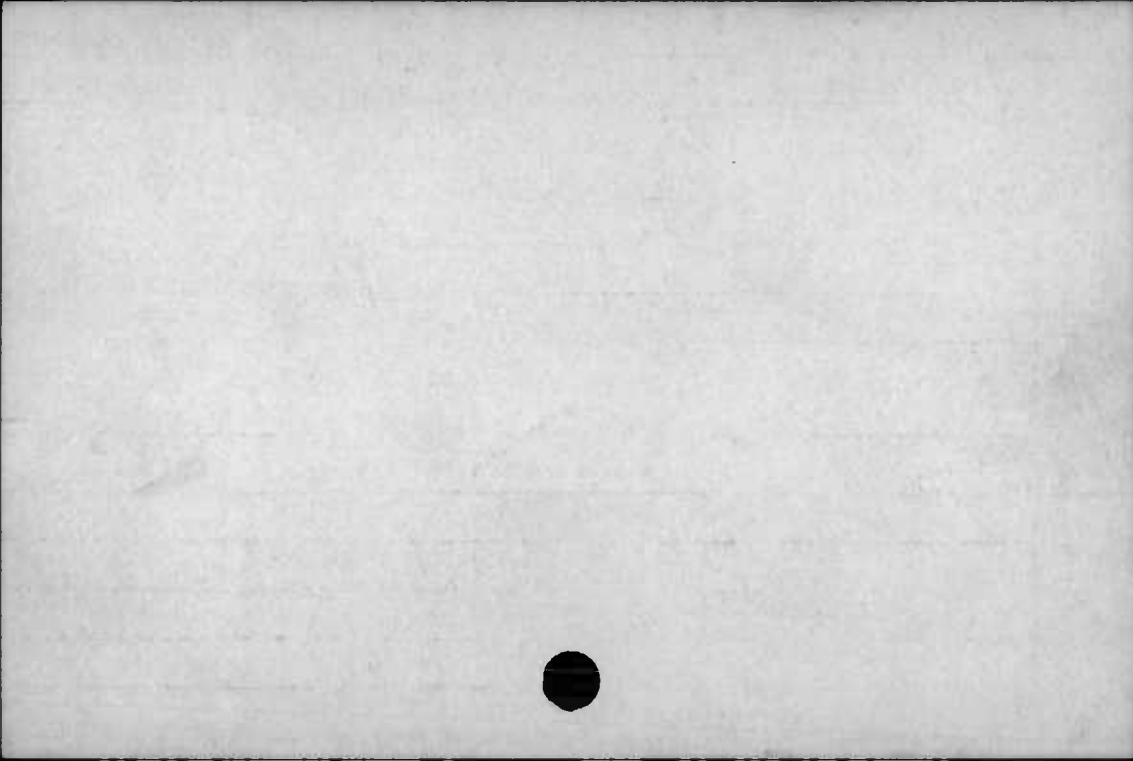
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Windsor</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>67</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shady Bower</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Purbury Ma</i>				
Married, Single or Widowed		Name of Wife or Husband <i>A J Potts</i>			
Father's Name <i>John Worley</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Rebecca Ridenour</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>G W. Potts</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>10 yrs.</i>
Immediate	<i>Pneumonia</i>	How long	<i>14 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Theo Boase</i>	
		Address <i>Wmstport</i>	
		<i>Ma</i>	
Accident or Suicide?			



Name
in
Full

Maryann Elizabeth Biddlemose

CERTIFICATE OF DEATH

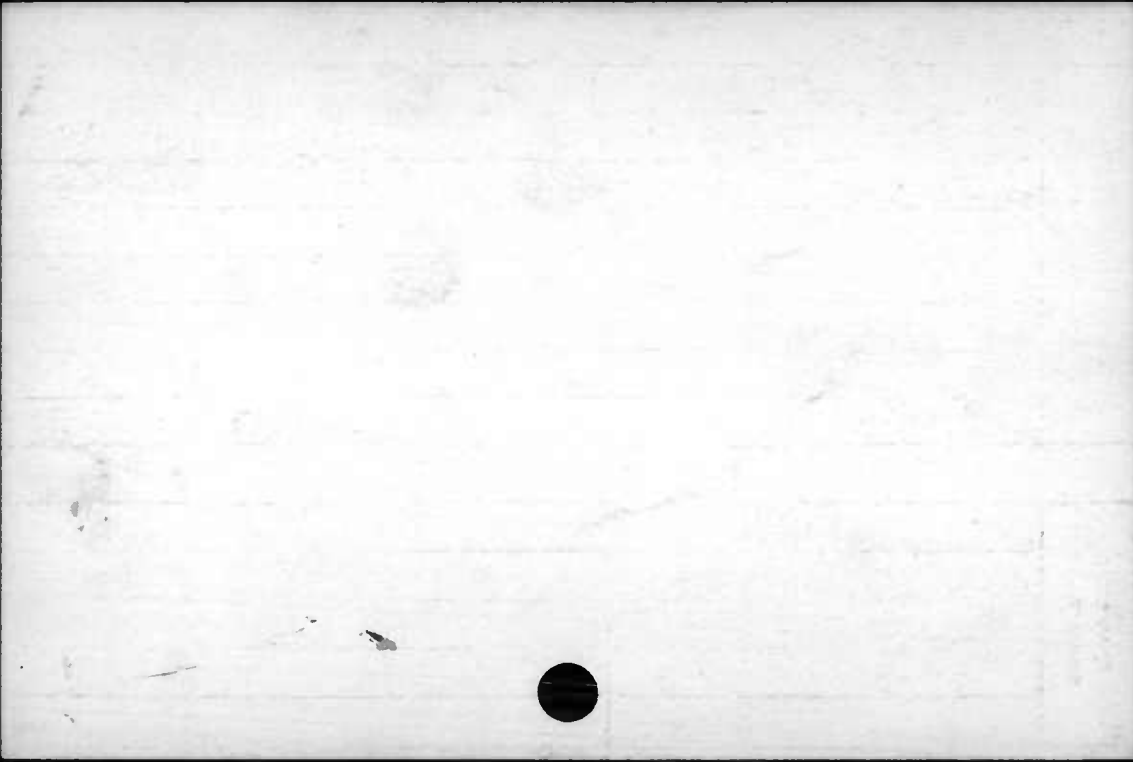
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Smithsburg		Washington		MARYLAND	
Date		Month		Day		Years	
of death 1903		December		22 nd		Age 74	
Sex		Female		Color or Race		white	
Married, Single or Widowed		Widow		Occupation		Leisure	
Name of Wife or Husband		William A. Biddlemose M.D.					
Father's Name		John George		Father's Birthplace		✓	
Mother's Maiden Name		Elizabeth Slanker		Mother's Birthplace		✓	
Name of person giving Information		Mrs Effie Hiteshew her daughter		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long		4 years	
Immediate		Heart failure		How long		Two weeks	
Are the name, age, sex, color, date and place correctly given above?		They are		Signature of Physician		E. Tracy Bishop M.D.	
Accident or Suicide?				Address		S. Smithsburg Maryland	



Name

in
Full

CERTIFICATE OF DEATH

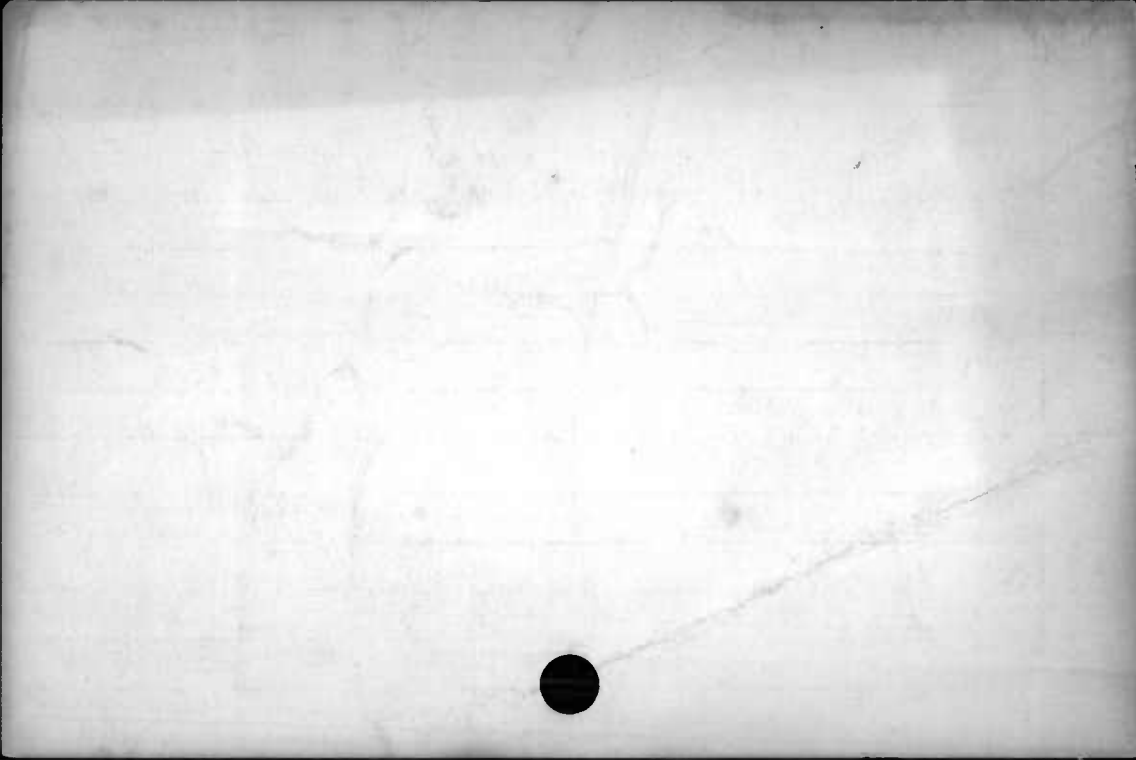
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i>		Town		County		MARYLAND	
Date of death	<i>1903</i>	Month	Day	Age	Years	Months	Days
Sex			Color or Race		Birth-place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheritic Croup.</i>	How long	<i>Seven days</i>
Immediate	<i>Stiff neck with Opium.</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Harry B. Anderson</i>	
Address		<i>Wash. D.C.</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Mary Rohrer

CERTIFICATE OF DEATH

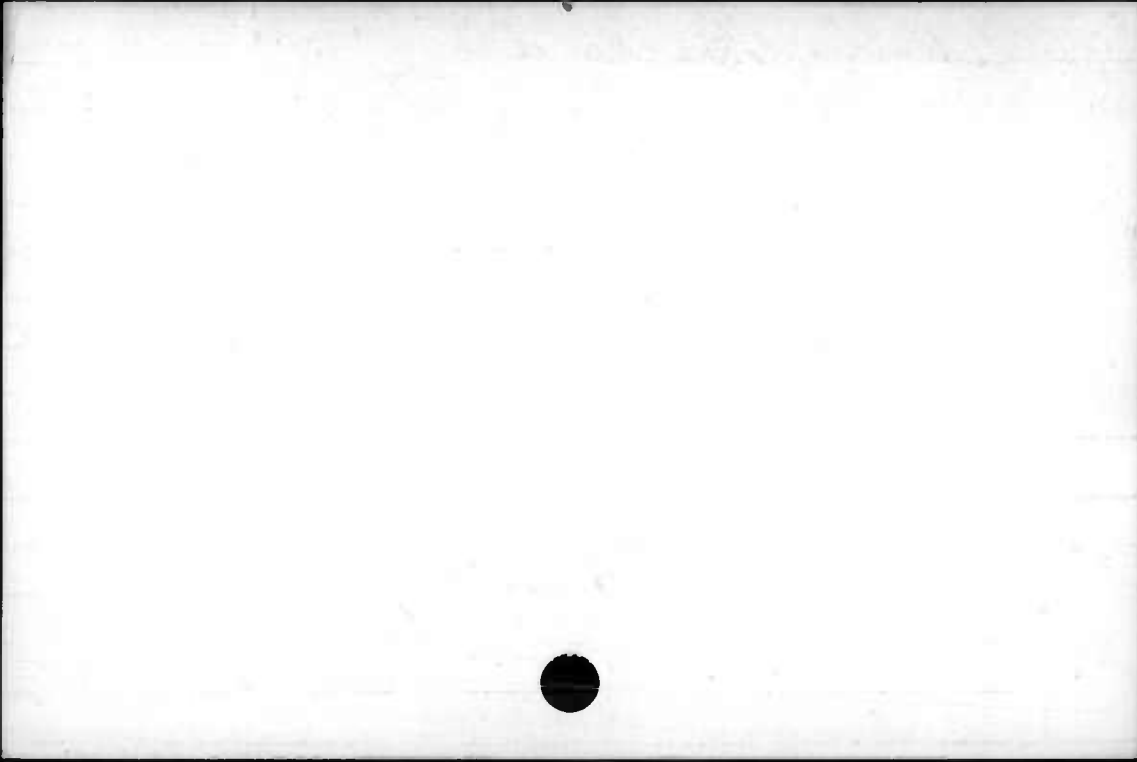
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hairplay</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1903	Month	Dec	Day	21
Age	7	Years	7	Months	7
Sex	Female	Color or Race	White	Birth-place	md
Occupation	School child		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George W. Rohrer			Father's Birthplace	md
Mother's Maiden Name	Veda Myers			Mother's Birthplace	md
Name of person giving Information	V. M. Reichard			How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	1 week
Immediate	Laryngitis (membranous)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	V. M. Reichard
		Address	1 Hairplay
Accident or Suicide?			



Name
in
Full

Charles E. Schildt

CERTIFICATE OF DEATH

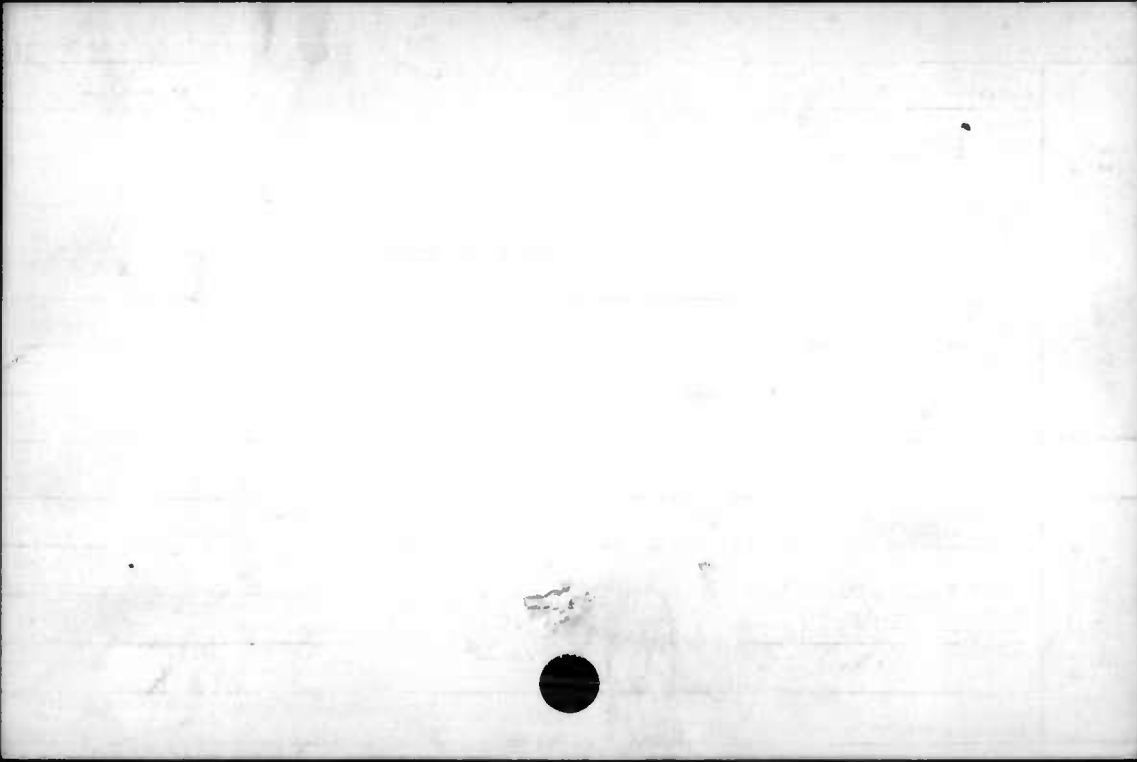
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Edgemount</i>		County <i>Wash</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>4</i>	Age <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>New Edgemount Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles W. Schildt</i>			Father's Birthplace <i>Reading Pa</i>		
Mother's Maiden Name <i>Catharine E. McElvaine</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Charles W. Schildt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complications of Disease</i>	How long <i>2 years</i>
Immediate <i>Consumption & debility</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Jarboe</i>
	Address <i>Southburg Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Florence V. Schuebley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pennw</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>31</i>	Age <i>30</i>	Years <i>6</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel R. Schuebley</i>				
Father's Name <i>David Craig</i>	Father's Birthplace <i>Pa.</i>		Mother's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Louise J. Reed</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>L. J. Reed</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Harry Christman</i>
	Address <i>West River, Pa.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

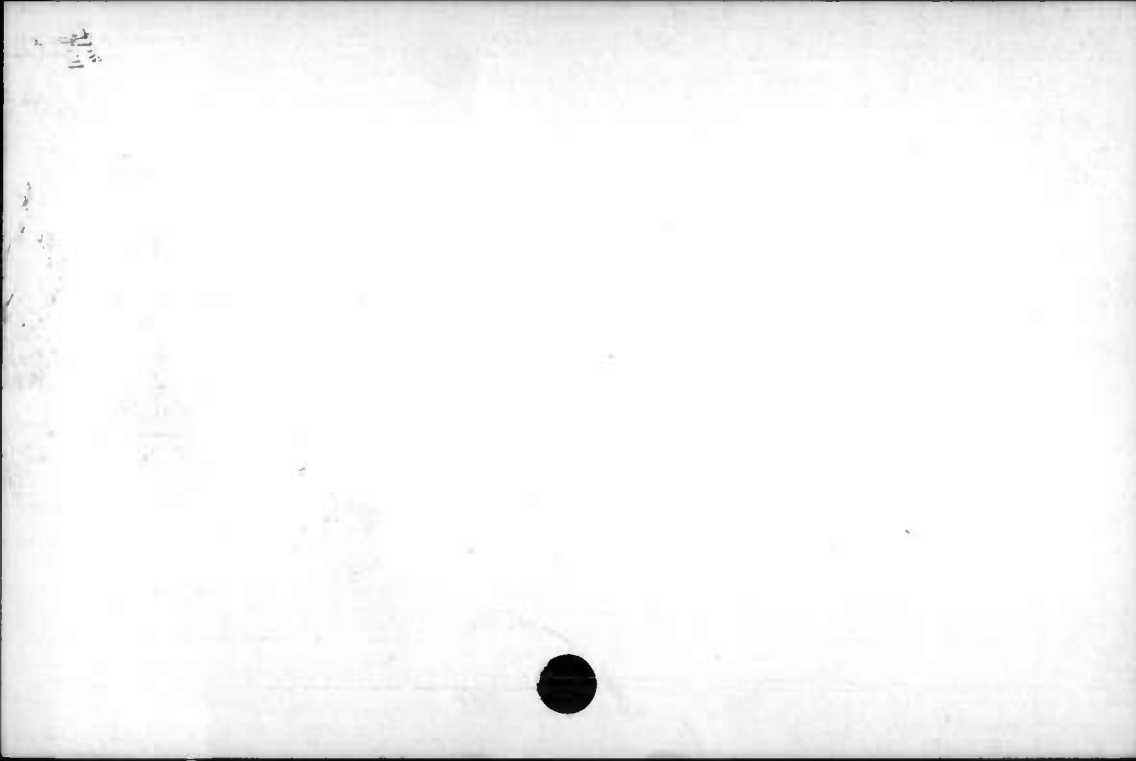
Infant - not named

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND									
Date of death 1903		Month		Day		Age		Years		Months		Days			
Sex		Female		Color or Race		White		Birth-place		Shanktown					
Married, Single or Widowed						Occupation									
Name of Wife or Husband															
Father's Name						Samuel Shank S.						Father's Birthplace		Md	
Mother's Maiden Name						Mary Grimes						Mother's Birthplace		Md	
Name of person giving information						Amos Grimes						How related to deceased		Grandfather	

CAUSES OF DEATH

Primary		Still born		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
Franz Bros				None in Attendance	
Accident or Suicide?				Address	
				Undertakers	
				Coles Spring Md	



Name in Full

Certificate of Death

Howard F. Smith

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date 1903 Oct 24 Age 19 Native of Hagerstown Occupation Home

Male White ~~Married~~ Widow ~~Divorced~~ Number of children living

~~Female~~ ~~Colored~~ Single ~~Widower~~

Husband of

Wife

Father's Name Tom W. Smith Mother's Name Anna R. Smith

Maiden Name QB

Cause of Death { Primary Pneumonia Immediate

How long sick 10 days

Accident, Suicide, Homicide

Reported by

Address

Chas. B. Boyle M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Snyder

CERTIFICATE OF DEATH

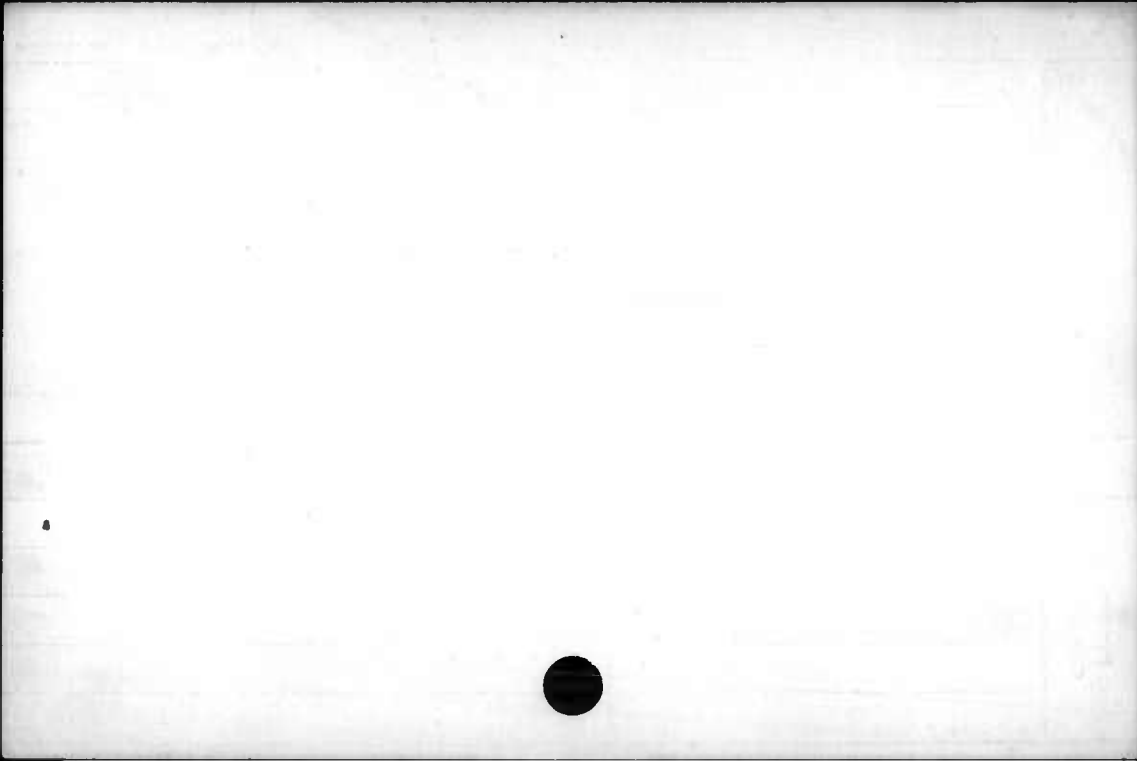
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Hancock		^{County} Washington		MARYLAND	
Date of death	1903	Month	Dec	Day	22
Age	84	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Cameron Co. Pa.
Occupation	Farmer		Where Residing if not at place of death Long Hollow		
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Snyder		
Father's Name	Not known			Father's Birthplace	Can't say
Mother's Maiden Name	Not known			Mother's Birthplace	Do
Name of person giving Information	Housekeeper			How related to deceased	No relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of heart	How long	Unknown
Immediate	Heart debility	How long	3 yrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. L. West.
		Address	Hancock
Accident or Suicide?	No		W. H.



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Catharine Stewart* 169

Town *Williamsport* County *Washington* MARYLAND

Died at *Williamsport*

Date of death 190 *3* Month *Dec* Day *16* Age *57* Years Months *7* Days *23*

Sex *Female* Color or Race *White* Birth-place *Pa Franklin Co*

Married, Single or Widowed *Married* Occupation *House keeper*

Name of ~~Wife or~~ Husband *Chas Stewart*

Father's Name *Mr. Spidel* Father's Birthplace *Pa*

Mother's Maiden Name *Nancy E Ring* Mother's Birthplace *Wartburg Va*

Name of person giving information *Chas Stewart* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic bronchitis + emphysema* How long *8 yrs*

Immediate *Bronchitis* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo Boose*

Address *Williamsport Md*

Accident or Suicide?

Dunkland Church
Welsh Run - Pa

Name,
in Full

CERTIFICATE OF DEATH

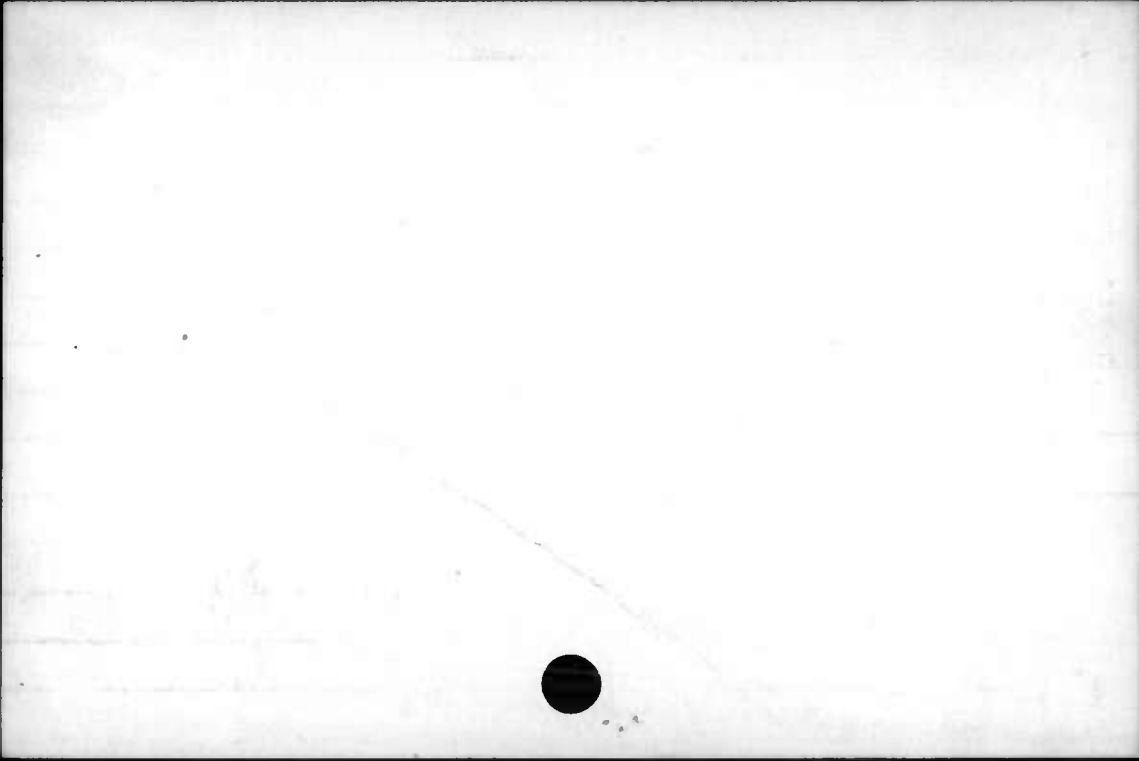
TO BE ANSWERED BY
NEAREST FRIEND

Name, in Full <i>Daniel Summers</i>		Town <i>Halfway</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Halfway</i>		Month <i>12</i>		Day <i>20</i>		Years <i>68</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>20</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Ann Summers</i>					
Father's Name <i>John Summers</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Sarah Rowland</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Sarah Summers</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Eth anesthetic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. M. W. M. D. M. D.</i>
	Address <i>Washington</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Slide Sweeney.

CERTIFICATE OF DEATH

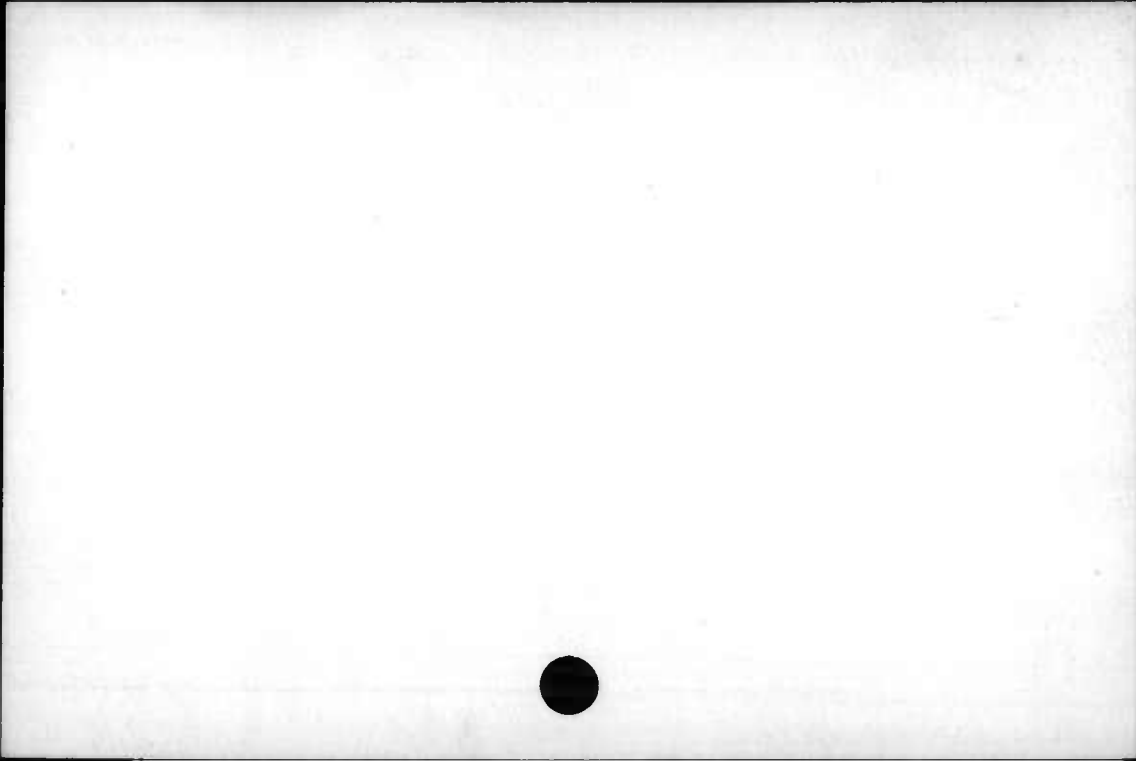
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Funkhatten		County Washington		MARYLAND	
Date of death 1903	Month Dec	Day 17	Age 3	Years	Months	Days	
Sex Boy	Color or Race white		Birth- place Hoodgville				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Edward Sweeney				Fether's Birthplace Tellington			
Mother's Maiden Name Edytha Hindle				Mother's Birthplace Tellington			
Name of person giving In formation Jacob Hindle				How related to deceased brother			

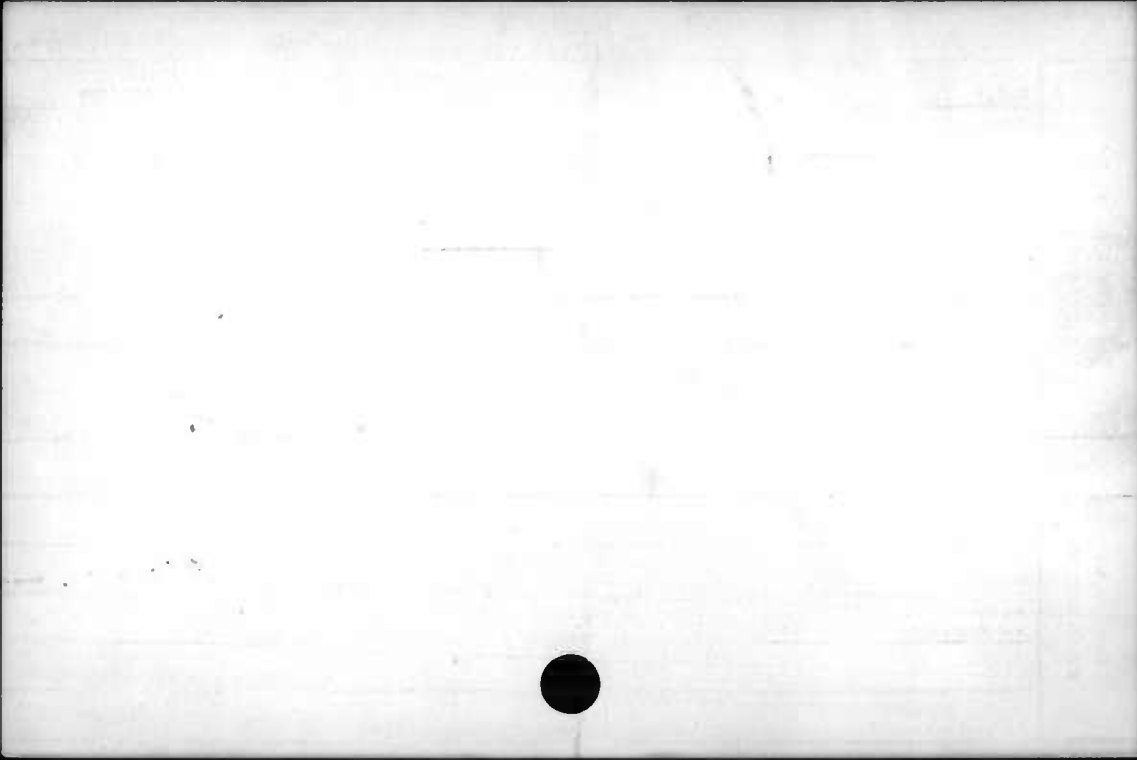
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysphthia	How long	1 day
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician O. B. Mangin	
		Address Funkhatten	
Accident or Suicide?		Hed	



Name in Full		Catharin E. Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Washington		MARYLAND	
	Date of death	1903	Month 12	Day 16	Age	Years 1	Months 16
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Wm H Thomas				Father's Birthplace	MD
	Mother's Maiden Name	Berrie Fredrickson				Mother's Birthplace	MD
Name of person giving Information	Wm H Thomas				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	acute indigestion				How long	half hour
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Richard D. Miller, Jr.
	Address					Hagerstown	MD
Accident or Suicide?	no						



Name
in
Full

William H. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>24</i>	Age <i>60</i>	Months <i>4</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired farmer</i>				
Name of Wife or Husband <i>Ella Thomas</i>					
Father's Name <i>Thomas</i>			Father's Birthplace <i>12</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Edith Heess</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Perinephritic Abscess</i>	How long <i>About 6 wks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Garrett</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

Eugene Markes
Undertaker

Name
in
Full

Mrs. Jane A Todd

CERTIFICATE OF DEATH

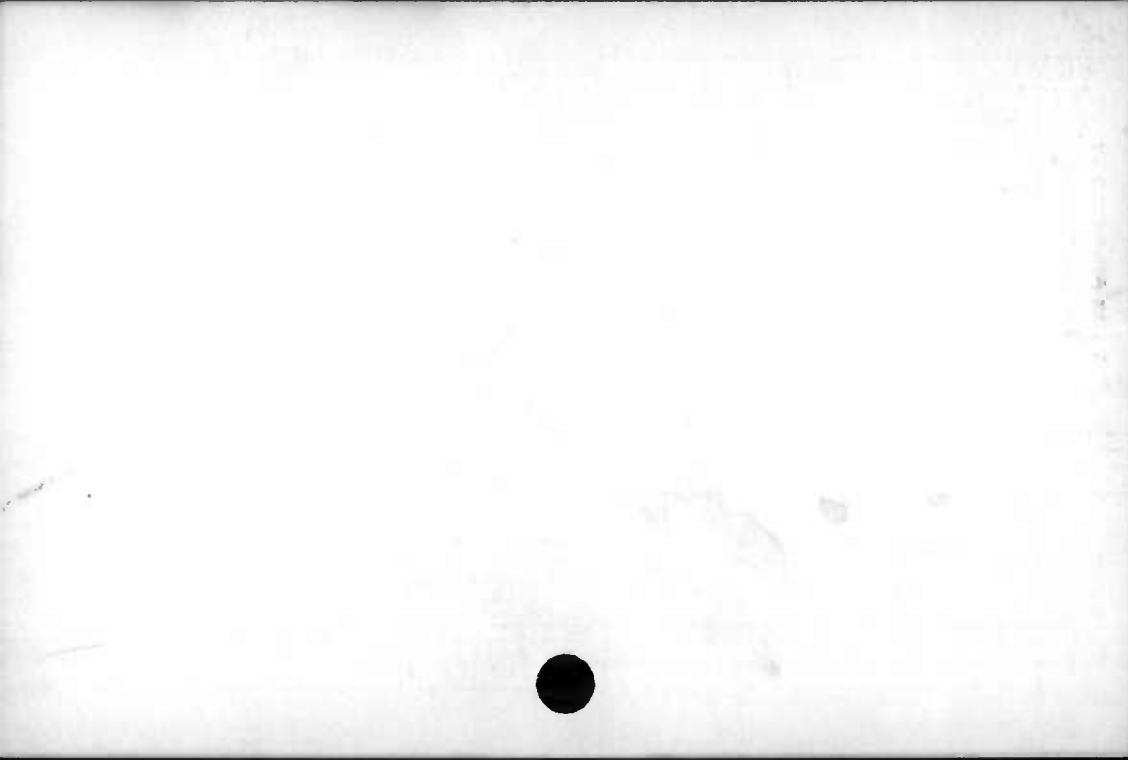
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1903</i> ^{Month}	<i>Dec</i> ^{Day}	<i>2</i> ^{Years}	<i>55</i> ^{Months}	<i>9</i> ^{Days}
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Va.</i>
Occupation	<i>N. W.</i>		Where Residing if not at place of death <i>Hagerstown, Md.</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Henry Todd.</i>		
Father's Name	<i>Peter Hammond</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Sarah Beck</i>			Mother's Birthplace	<i>Va.</i>
Name of person giving Information	<i>Mrs. Sallie Grinn</i>			How related to deceased	<i>daughter.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>4 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wilton Duillen, Jr.</i>
		Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Peter Tracy

Town *Smithsburg* County *Washington* MARYLAND

Died at *Smithsburg* *Washington*

Date of death 1903 12 19 Age 75 2 Months 27 Days

Sex *Male* Color or Race *White* Birth-place *Loudon Co Pa.*

Occupation *Laborer* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Levina Draper*

Father's Name *Nathan Tracy* Father's Birthplace *Pa.*

Mother's Maiden Name *Mary Huber* Mother's Birthplace *Pa.*

Name of person giving Information *Jabine Tracy* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rheumatism with Muscular Atrophy* How long *Several years*

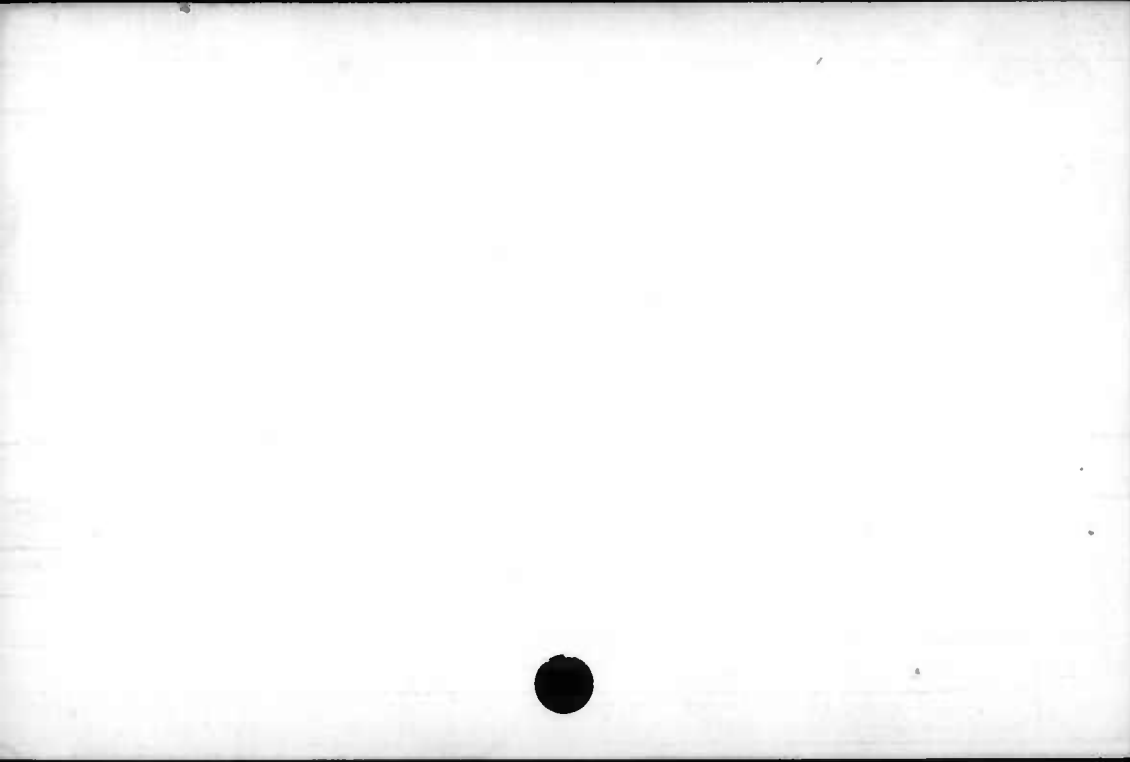
Immediate *Dislocation* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. M. Stead*

Address *Smithsburg Md.*

Accident or Suicide? _____



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>12</i>	Day <i>21</i>	Age <i>81</i> Years	Months <i>10</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Wallick</i>			
Father's Name <i>John Wallick</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Susan Faschnacht</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Harry Wallick</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Val. Disease of heart</i>	How long <i>Short duration</i>
Immediate	How long <i>Short duration</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	Address <i>Chas B B. Fuller D. Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Walter P. Welsh

CERTIFICATE OF DEATH

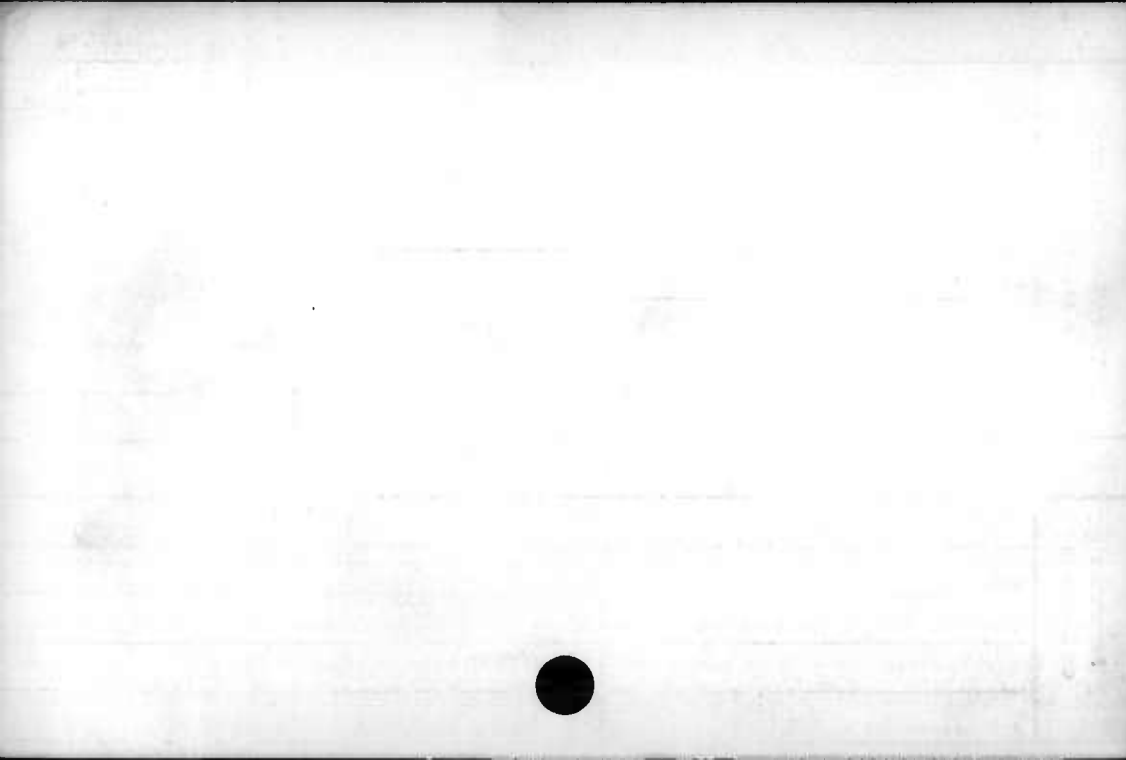
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1903	Month	12	Day	10
Age		Years	2	Months	11
Days		10			
Sex	Male		Color or Race	White	
Birth-place	Md				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John D. Welsh		Father's Birthplace	Md
Mother's Maiden Name		Nethie M. Welsh		Mother's Birthplace	Md
Name of person giving information		Father		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Supposed to be suppressed measles</u>		How long	<u>about 7 hours</u>
Immediate	<u>Convulsions</u>		How long	<u>X</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		<u>A. S. Weaver</u>		
		Address		
		<u>Hagerstown Md</u>		
Accident or Suicide?				



Name
in
Full

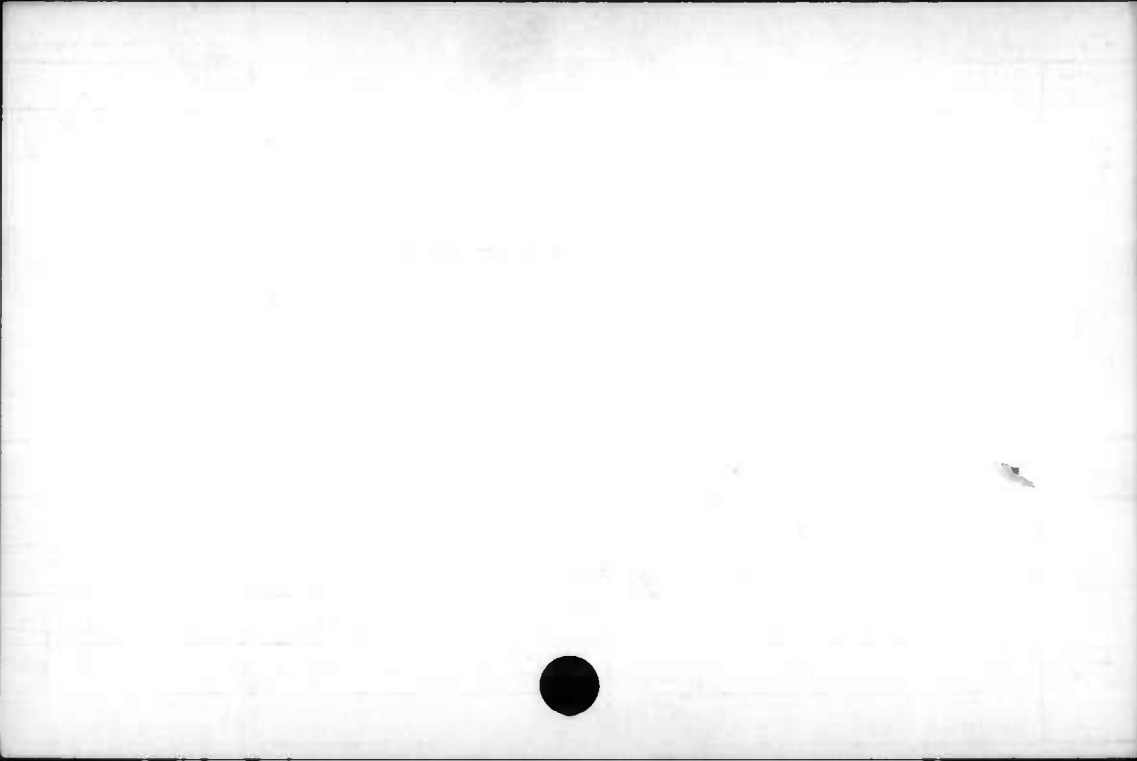
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ella K. Wishard		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 12		Day 29		Years 43	
Date of death 1903		Months —		Days —			
Sex Female		Color or Race White		Birth-place Md			
Occupation House work		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Samuel J. Wishard					
Father's Name George C. Middlekauff		Father's Birthplace Hagerstown					
Mother's Maiden Name Mary K. Cunningham		Mother's Birthplace Lebanon					
Name of person giving Information Mary Middlekauff		How related to deceased Mother					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary Myelitis	How long
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. J. M. Melham
	Address Hagerstown Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

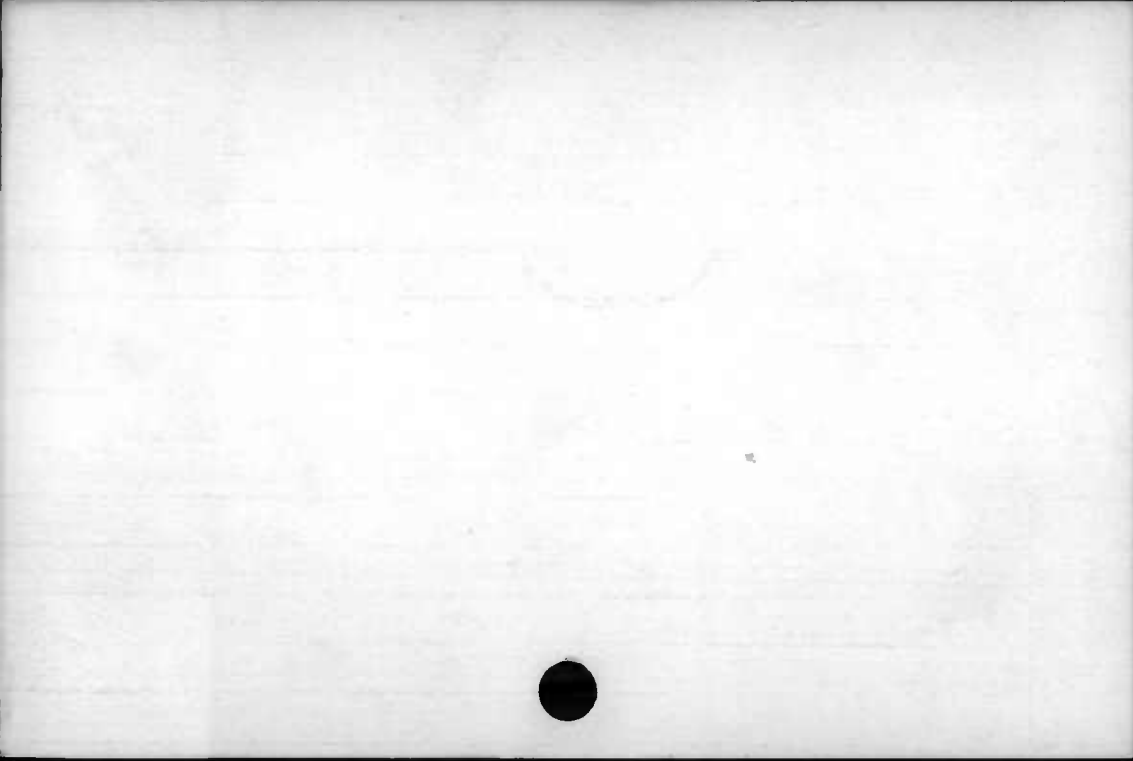
TO BE ANSWERED BY
NEAREST FRIEND

Name *John T. Holford*
Died at *Downsville* ^{Town} *Wash.* ^{County}
Date of death 190 *3* ^{Month} *Dec.* ^{Day} *12* ^{Years} *13* ^{Months} *0* ^{Days} *0*
Sex *Male* Color or Race *White* Birth-place *Downsville*
~~Married, Single~~ ^{Occupation} *Boys*
~~or Widowed~~
Name of Wife or Husband
Father's Name *Samuel H. Holford* Father's Birthplace
Mother's Name *Anna E. Keshoff* Mother's Birthplace
Name of person giving information *Feral Grimes* ^{How related to deceased} *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diphtheria* How long
Immediate _____ How long
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician *W. S. Richards*
Address *Williamsport Pa.*
Accident or Suicide? ☐



Name
in
Full

Mrs. Rebecca Yeakel.

CERTIFICATE OF DEATH

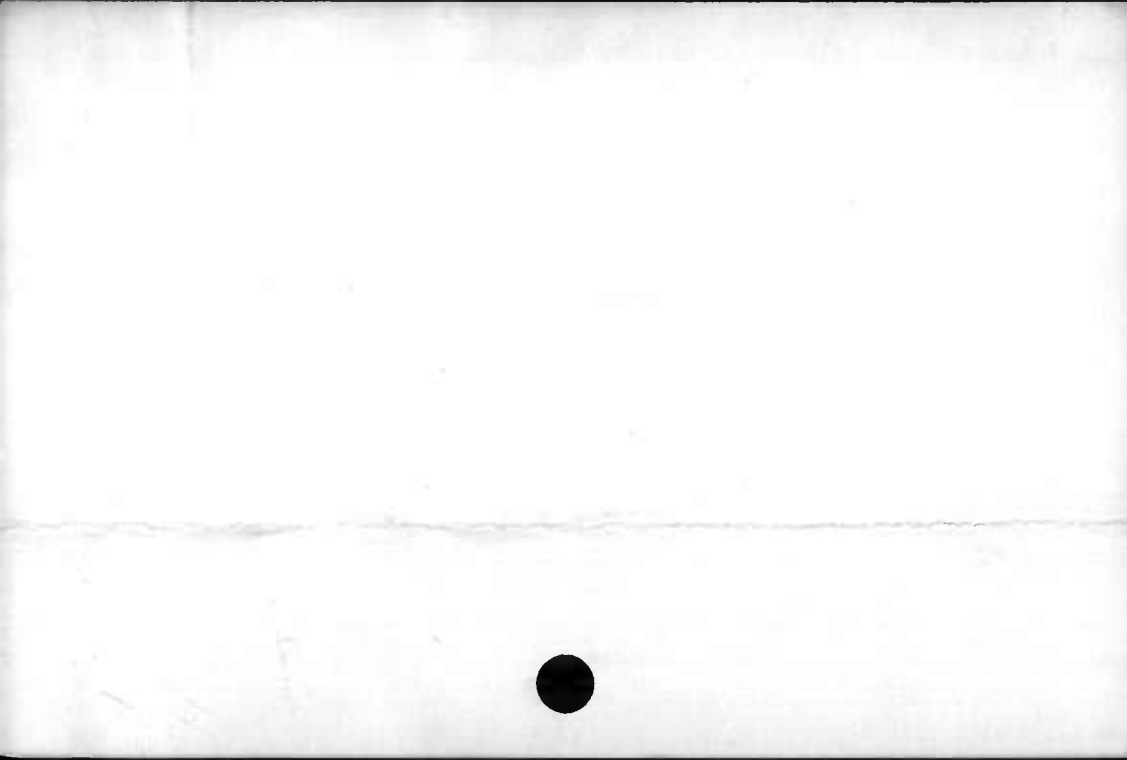
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Mason & Dixon		County Wash.		MARYLAND	
Date of death		1903	Month Dec.	Day 10	Age 8	Years 4	Months 26
Sex female		Color or Race white		Birth- place Md.			
Occupation H. W.		Where Residing if not at place of death Near Mason & Dixon					
Married, Single or Widowed widow		Name of Wife or Husband Geo. Yeakel					
Father's Name Geo. Uhler		Father's Birthplace Md.					
Mother's Maiden Name Eliz. Sechert		Mother's Birthplace Pa.					
Name of person giving Information Victor Yeakel		How related to deceased son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long
Immediate	" "	How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician Victor D. Miller		Address State Line Pa.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	1903	Month	12	Day	27
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brownsville</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Morse, A. Yountkins</i>		Father's Birthplace <i>Gafland, Md</i>			
Mother's Maiden Name <i>Annie Fouch</i>		Mother's Birthplace <i>Brownsville</i>			
Name of person giving Information <i>Margaret Fouch</i>		How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>convulsions</i>	How long	<i>4 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. I. Yountee</i>	
		Address <i>Brownsville</i>	
Accident or Suicide? <i>no</i>		<i>Md</i>	

